



CNCF VOLUNTEER REGISTRATION FORM

QUESTION	ANSWER (circle or print answer)
Full Name	
Age Group	16-19 20-45 46-65 Over 65
Have you volunteered for CNCF before?	Yes No
What district/area do you reside in?	
Mobile / Landline Number	
Email Address	
How would you prefer us to contact you? (circle all that apply)	Mobile Phone Calls Text/Whatsapp Landline Email
Would you like to receive CNCF emails to stay informed about upcoming events and activities?	Yes No
Typically , what days are you available? (Circle all that apply)	Monday Tuesday Wednesday Thursday Friday Saturday Sunday
What type of shift(s) are you available to work?	Morning Afternoon Evening Night Best Time:
What type of volunteer roles are you interested in? (circle all that apply)	<ul style="list-style-type: none"> • General CNCF Office Duties • PR and Marketing • Graphics • Set & Props Construction / Painting • Costumes and Wardrobe • Ticket Sales • Teaching / Coaching • Mind's Eye Student Tours (During schools hours) • Mind's Eye Public tours (2nd & 4th Saturday each month) • Other (please list)
Are there particular events or programmes you are interested in participating in as a volunteer? (circle all that apply)	<ul style="list-style-type: none"> • Rundown Comedy Revue • Red Sky at Night Festival • National Arts and Culture Awards Gala • Gimistory - Storytelling Festival • Summer Theatre Intensive • Summer Arts Camp • Young Image Makers Film Competition • Cayman Islands Folk Singers • Special Theatrical Productions • School Visits to Theatre • School Visits to Mind's Eye
What talents or skills are you happy to share?	
Are you able to lift 25 lbs?	Yes No
Name of Emergency Contact and number	
Emergency Contact relationship to you	

SIGNATURE

DATE

Thank you! We'll be in touch.

Phone: +1 345 949 5477 Email: info@caymanarts.org Website: www.artscayman.org