



CNCF Volunteer Registration Form

Question	Answer (circle or print answers)
Full Name	
Age group	16 – 17 18 – 45 46 – 65 Over 65
Have you volunteered for CNCF before?	Yes No
What district/area do you reside in?	
Mobile Phone Number / Landline	
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? (please indicate times)	Morning Afternoon Evening Night Best times:
What type of volunteer roles are you interested in?	<ol style="list-style-type: none"> 1. General CNCF Office Duties 2. PR and Marketing 3. Graphics 4. Set & Props Construction / Painting 5. Costumes & Wardrobe 6. Ticket Sales 7. Teaching / Coaching 8. Other (please list)
Are there particular events or programmes you are interested in participating in as a volunteer? (circle all that apply)	<ol style="list-style-type: none"> 1. Rundown Comedy Revue 2. Red Sky at Night Festival 3. National Arts and Culture Awards Gala 4. Gimistory – Storytelling Festival 5. Summer Theatre Intensive 6. Summer Arts Camp 7. Young Image Makers Film Competition 8. Cayman Islands Folk Singers 9. Special Theatrical Productions 10. School Visits
What talents or skills are you happy to share?	
Are you able to lift 25 lbs?	Yes No
Name of Emergency Contact	
Emergency Contact Phone Number	

Signature _____ Date _____

Thank you! We'll be in touch.