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**Committee Application Form**

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| **Personal Details** | |
| Name: |  |
| Date of Birth: |  |
| Position Applied for: |  |
| Telephone Number: |  |
| Email Address: |  |
| Address: |  |

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| **Application** | |
| Please provide a short statement of your background and theatre experience. |  |
| Why are you interested in joining Threshold Theatre Company as a committee member? |  |
| What skills, expertise or work experience do you have that would assist you within the role? |  |
| Are you able to commit to a monthly committee meeting? (Usually a weeknight) |  |
| Please let us know anything else you may think would be useful. |  |

**Thank You.**

**The Threshold Committee**