*Carolina Clowns, Inc.*

*A Volunteer, Non-Profit Organization*

3024 Collaroy Drive, Waxhaw, NC, 28173

(704) 372-3460

www.carolinaclowns.org

# APPLICATION FOR ADMISSION

(Please Print or Type)

Applicants Full Name:

\_\_\_ \_\_\_\_ Spouse: \_ \_\_\_\_\_\_\_ \_

(First) (Middle) (Maiden) (Last)

Home Phone: ( ) \_ Cell Phone: ( ) \_ e-mail: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_

Address: (Include City, State, Zip):

\_ \_

Prior Address: (If less than 2 years at current address)

\_ \_

Business Phone: ( ) \_\_\_\_\_\_\_\_ Are personal calls allowed? Yes No \_

Employed By: Occupation: \_

## Date of Birth: (Mo./Day/Yr.): / / Social Security #: - \_ - \_\_\_\_\_\_\_\_ Place of Birth: (City, State, County): \_ \_

Have you ever been arrested and/or convicted of a crime? Yes No \_

If so, please furnish a detailed explanation: \_\_\_\_\_ \_

\_\_\_\_\_\_\_

Do you have your own transportation? Yes No \_

Driver's License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_

Do you belong to any other civic/community organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever "clowned" before? Yes No \_

## Professionally? Yes No Where? \_\_\_ \_

What are your hobbies/talents: \_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical/physical problems that would prevent you from making appearances as a Carolina Clown? Yes \_\_\_\_\_ No \_\_\_\_\_\_ If so, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available to make appearances? Please check applicable blanks:

WEEKDAYS: \_\_\_\_\_\_ Days \_\_\_\_\_\_ Nights WEEKENDS: \_\_\_\_\_\_ Days \_\_\_\_\_\_ Nights

How much time could you give to the Carolina Clowns (excluding meetings) on a monthly basis? 4-8 hours \_\_\_\_\_\_\_\_ 8-10 hours \_\_\_\_\_\_\_\_\_\_ More? \_\_\_\_\_\_\_\_\_\_\_

Are you acquainted with any member of this organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list: \_\_ \_

## \_\_ \_

Please list (2) complete references other than family members, with name, address, city/state/zip, and phone numbers:

|  |
| --- |
| References: Home/Business Address Home/Business Phone Number    \_  \_  \_ \_ |

Please use the space below for any additional information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If accepted into THE CAROLINA CLOWNS, you will be required to attend (3) make-up and training sessions within 60 days. Recommendations will be made as to where to purchase make-up, costumes, and props, etc. All costs for costumes, make-up, props, and travel are entirely at your own expense.

A routine inquiry will be made which will provide applicable information concerning your character, general reputation, and personal characteristics. Upon written request, information as to the nature and scope of the report will be provided.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby grant permission to the authorized agent of The Carolina Clowns to contact any and/or all of my previous and current employers, schools, law enforcement agencies, and any other person(s) in connection with information concerning my background. I also hereby release the above from any liability arising from doing so. This research may be performed for information dating back for the past ten (10) years.*

*I also authorize the release of all appropriate background information regarding my driving record, criminal record, and any other historical information permissible by law necessary in conducting a thorough background check.*

*I fully understand that as a potential volunteer clown with this organization, I will be in continuous contact*

*with active young children and the public.*

*I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

## All questions on this application must be answered. Please sign your application and return along with your $30.00 non-refundable Application Fee to the following address:

## *Carolina Clowns*

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