



VOLUNTEER APPLICATION PLEASE PRINT NEATLY

NAME	
ADDRESS	
PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
TEXTING OK? <input type="checkbox"/> Y <input type="checkbox"/> N	TEXTING OK? <input type="checkbox"/> Y <input type="checkbox"/> N
EMAIL	
EMERGENCY CONTACT #1 Name, phone number & relationship	
EMERGENCY CONTACT #2 Name, phone number & relationship	
Please tell us about yourself & your skills	
Please let us know what volunteer opportunities interest you: check all that apply <ul style="list-style-type: none"> • On Stage: <input type="checkbox"/> Actor <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Musician <input type="checkbox"/> Choreography <input type="checkbox"/> Improv <input type="checkbox"/> Director • Back Stage: <input type="checkbox"/> Dresser <input type="checkbox"/> Hair/Makeup <input type="checkbox"/> Props <input type="checkbox"/> Weapons <input type="checkbox"/> Stage hand <input type="checkbox"/> Stage Manager • Costumes: <input type="checkbox"/> Design <input type="checkbox"/> Sewing <input type="checkbox"/> Donate material/trims <input type="checkbox"/> Performance repairs <input type="checkbox"/> Other • Technical: <input type="checkbox"/> Lighting <input type="checkbox"/> Sound <input type="checkbox"/> Set Design <input type="checkbox"/> Set Construction <input type="checkbox"/> Transport materials • Front of House: <input type="checkbox"/> Usher <input type="checkbox"/> Box Office <input type="checkbox"/> Concessions <input type="checkbox"/> House Manager <input type="checkbox"/> Clean-up • Administrative: <input type="checkbox"/> Poster distribution <input type="checkbox"/> Fold/stuff/staple/etc <input type="checkbox"/> Phone contact <input type="checkbox"/> Other • Patron: <input type="checkbox"/> Donate <input type="checkbox"/> Sponsor a show <input type="checkbox"/> Write a grant <input type="checkbox"/> Network <input type="checkbox"/> Provide training 	
Please let us know about your prior theatre experience <ul style="list-style-type: none"> • On Stage: • Back Stage: • Costumes: • Technical: • Front of House: • Administrative: 	
What days are best: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S	Time of Day: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night
When is your birthday? _____ Month/Day	What is your T-shirt size? <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL