



## VOLUNTEER FORM

### Contact Information

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Gender M\_\_ F\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Best Time to Call \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Areas of Interest** – please check all that apply and describe experience below.

- |  |  |
|--|--|
| <input type="checkbox"/> Usher         | <input type="checkbox"/> Brass           |
| <input type="checkbox"/> Concessions   | <input type="checkbox"/> Wind            |
| <input type="checkbox"/> Data Entry    | <input type="checkbox"/> String          |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Rehearsal Piano |
| <input type="checkbox"/> Marketing     | <input type="checkbox"/> Act             |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Sing            |
| <input type="checkbox"/> Dialects      | <input type="checkbox"/> Dance           |
| <input type="checkbox"/> Keyboards     | <input type="checkbox"/> Choreography    |
| <input type="checkbox"/> Percussion    | <input type="checkbox"/> Make-up         |

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Carpentry  | <input type="checkbox"/> Hair        |
| <input type="checkbox"/> Props      | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Sound      | <input type="checkbox"/> Graphics    |
| <input type="checkbox"/> Lighting   | <input type="checkbox"/> Fly Crew    |
| <input type="checkbox"/> Painting   | <input type="checkbox"/> Filing      |
| <input type="checkbox"/> Scenic Art | <input type="checkbox"/> Typing      |
| <input type="checkbox"/> Stage Crew | <input type="checkbox"/> Art Classes |
| <input type="checkbox"/> Costumes   |                                      |

Misc. Talents/  
Experience \_\_\_\_\_

**Describe your special skills and interests:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

