

Volunteer Application



Personal Information

Name: _____ Date _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Emergency Contact: Name _____ Relationship _____
Phone _____ Address _____

Areas you would like to volunteer

- | | | | |
|-------------------------------------|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Box office | <input type="checkbox"/> Snack bar | <input type="checkbox"/> Makeup | <input type="checkbox"/> Costuming |
| <input type="checkbox"/> Usher | <input type="checkbox"/> Sell merchandise | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Stage crew |
| <input type="checkbox"/> Publicity | <input type="checkbox"/> Bartending | <input type="checkbox"/> Lighting | <input type="checkbox"/> Set design |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sound | <input type="checkbox"/> Other | |

Skills

- Food handler's card Accounting Database management
 CPR/First aid card Computer

Demographic Information (optional)*

Gender: M F Birthdate _____

Race/Ethnicity: Native American Hispanic/Latino Asian Pacific Islander
 Black/African American White/Caucasian Other

**This information is to verify eligibility for projects or activities and for demographic reporting to grant funders.*

Background Information

Are you willing to undergo a criminal records check if required? Yes No
If yes, Social Security number will be required.

Applicant signature: _____ Date: _____

Office use only: Membership level _____
Background check on file _____