



VOLUNTEER APPLICATION

Date of Application: _____

Name: _____

Home Phone: _____ Work Phone: _____ Email: _____

Emergency Contact: _____

Mailing Address: _____

Date of Birth: Month _____ Day _____

Occupation: _____ If student, school: _____

Reference 1 Name: _____ Phone: _____

Reference 2 Name: _____ Phone: _____

EXPERIENCES & SKILLS (CHECK ALL THAT APPLY):

- | | |
|--|--|
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Conflict resolution skills |
| <input type="checkbox"/> Experience Handling Cash | <input type="checkbox"/> General Office Skills |
| <input type="checkbox"/> Theatre Arts/Musically Inclined | <input type="checkbox"/> Appreciation of performing arts |
| <input type="checkbox"/> Working with the public | <input type="checkbox"/> Security/Police Experience |
| <input type="checkbox"/> People skills | <input type="checkbox"/> First Aid /CPR Trained |

Other: _____

Other Volunteer Activities (Past & Present): _____

Why do you want to volunteer at The Playhouse? _____

What do you hope to gain from this experience? _____

Are you able to commit to working at least 10 shifts during our busiest season? (September –May)

Yes No

AVAILABILITY (PLEASE CHECK ALL THAT APPLY):

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Be a volunteer