



VOLUNTEER FORM

Name _____ Date: _____

Address _____ City/State/Zip _____

Email: _____

Home Phone: _____ Best time to call? 9am-1pm....1pm-5pm....5pm-9pm

Cell Phone: _____ Best time to call? 9am-1pm....1pm-5pm....5pm-9pm

Work Phone: _____ Best time to call? 9am-1pm....1pm-5pm....5pm-9pm

Emergency Contact & Phone: _____

AREAS OF INTEREST (please indicate all that apply and specify* on back)

TECH	MUSIC	MARKETING/OFFICE
Lights*	Keyboards*	Posters/Deliveries
Sound*	Percussion*	Photography
Scene Design*	Strings*	Mailings
Painting/Scenic Artist*	Winds*	Data Entry
Stage Crew	Brass*	Audition Support
Stage Manager	Rehearsal Piano	Events
Costumes	Music Director	Fundraising
Props	Conductor	
Hair & Make-up		
Rehearsal Secretary		
PERFORMANCE	HOUSE	MISCELLANEOUS
Director	House Manager	Staff/Board
Choreographer	Concessions	Transportation
Act	Box Office	Cooking/Serving
Sing*	Usher	Kids Classes/Supervision
Dance*		Wash/Dry Clean Costumes /Storage

Special Skills & Interests: