



VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Mobile Phone: _____

Email: _____

Place of Employment: _____

Does your employer give credit for volunteer hours?

Does your employer match employer contributions?

If yes, Cash Gift Only Volunteer Hours Both

Times available for volunteer work (please check all that apply)

	Mornings	Afternoons	Evenings
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Why do you want to volunteer at Celebrity Theatre?

What do you hope to get out of your volunteer experience at Celebrity Theatre?

Are you able to climb stairs?

With what other organizations do you volunteer?

Please list any special skills or talents you would like us to be aware of:

Please give us the phone number and email address for 1 professional and 1 personal reference:

Name: _____

Email: _____

Phone: _____

Name: _____

Email: _____

Phone: _____