



VOLUNTEER FORM 2012-2013

Date _____ Referred by _____

Name _____ Email _____

Occupation _____ Current Retired Employer/School _____

Mailing Address _____ City/Zip _____

Preferred Phone _____ Cell Home 2nd Phone _____ Cell Home Work
 DOB _____ (some jobs require min age)

Emergency Contact: _____ Name _____ Relationship _____ Phone _____

Experience: Work _____

Volunteer _____

Theater _____

Interests and Skills

- | | | |
|--|--|---|
| <input type="checkbox"/> Enjoy people/groups/activity | <input type="checkbox"/> Interested in leadership | <input type="checkbox"/> Able to lift 35 lbs. |
| <input type="checkbox"/> Enjoy helping behind the scenes | <input type="checkbox"/> Knowledge of Microsoft Office | <input type="checkbox"/> Food Handlers Permit |
| <input type="checkbox"/> Patron services focused | <input type="checkbox"/> Able to reach, bend and twist | <input type="checkbox"/> OLCC License |
| <input type="checkbox"/> Enjoy being of service | <input type="checkbox"/> Able to stand for 3-4 hours | <input type="checkbox"/> CPR |

Other skills/talent/experience we should know about: _____

Volunteer Areas

- | | |
|--|--|
| <input type="checkbox"/> Ushering/Taking Tickets/Distributing Programs | <input type="checkbox"/> Merchandise Sales |
| <input type="checkbox"/> Food Handling/Concessions | <input type="checkbox"/> Gingerbread Jubilee |
| <input type="checkbox"/> Box Office (PC skills required) | |
| <input type="checkbox"/> Mailings/Clerical Duties | |
| <input type="checkbox"/> Light Housekeeping | |

Availability (please check when you are generally available)

	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING							
AFTERNOON							
EVENING							
ON CALL							

Note: Performances are generally scheduled evenings, weekends, and some afternoons.

Please tell us why you are interested in volunteering at the Craterian _____

(please continue on the reverse side)