



Volunteer Application Form

Please return this form to Actors Repertory Theatre



Name	
Address	
Zip Code	
Home Telephone	
Work Telephone	Can we phone you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile	
Email	

Days & times that you are available to help out.

Volunteer Areas		
Please check all the areas that you are willing to help in.		
Ushering <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Grant Writing <input type="checkbox"/>
Legal Issues <input type="checkbox"/>	Set Building <input type="checkbox"/>	Graphic Design <input type="checkbox"/>
Marketing <input type="checkbox"/>	Social Media <input type="checkbox"/>	Costuming <input type="checkbox"/>
Audio Tech <input type="checkbox"/>	Lighting Tech <input type="checkbox"/>	Video Tech <input type="checkbox"/>
Stage Mgr <input type="checkbox"/>	Props <input type="checkbox"/>	Stage Hand <input type="checkbox"/>
Other:		

Do you have specialist skills, interests or hobbies that you would like to use when volunteering for us?

Tell us about any previous volunteering, work experience or any relevant work done in the past