



Friends Backstage
Volunteer Application

Personal Information-Please Print

Date _____

Name _____

Address _____

(Street) (City) (State) (Zip Code)
Home Phone _____ Business Phone _____

Cell Phone _____ Email address _____

Driver's License Number _____ Birth Date _____
(Month/Day)

In case of emergency, contact _____
(Phone Number)

Are you employed? Yes No May we contact you at work? Yes No

Length of residency in community? _____

Transportation requirements _____

Physician's Name _____
(Phone Number)

Are there any work activities or conditions you have been advised to avoid? Yes No If so please specify:

Additional comments _____

Skills

Please circle the following skills you are able to perform:

Typing, bookkeeping, sewing, computer, artwork, calligraphy, filing, teaching, cash register.

List others _____

Do you have prior theatrical experience?

Sound__ Technical__ Lighting__ Costumes__ Other _____

General Information

What are your reasons for wanting to join our volunteer organization?

How did you hear of our volunteer opportunities?

Do you speak another language or can you use sign language? Please specify

Have you prior experience as a volunteer? Yes No If so, where? _____

Have you prior business experience? Yes No If so, where? _____

List your hobbies _____

Please list memberships in other organizations _____

Type of volunteer service desired:

Usher ___ Greeter ___ Office/Clerical ___ Maintenance/Custodial ___ Concessions___

Other_____

Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> days	<input type="checkbox"/> days	<input type="checkbox"/> days	<input type="checkbox"/> days	<input type="checkbox"/> days	<input type="checkbox"/> days	<input type="checkbox"/> days
<input type="checkbox"/> nights	<input type="checkbox"/> nights	<input type="checkbox"/> nights	<input type="checkbox"/> nights	<input type="checkbox"/> nights	<input type="checkbox"/> nights	<input type="checkbox"/> nights

Parental Consent (If applicant is a minor):

_____ has my permission to become a volunteer for the State Theatre of Red Bluff. I will support her/his effort to honor the commitment made and encourage them to serve the theatre in a manner beneficial to The State Theatre for the Arts.

Signature of Parent/Guardian _____ **Date** _____

Please submit this application to the address below. After review, you will be contacted by phone for an interview.

Signature _____ **Date** _____

Please return completed application to:

Maggie Murray
State Theatre for the Arts
333 Oak Street
Red Bluff, CA 96080
530-529-0334
530-529-2787