



DATE: _____

VOLUNTEER APPLICATION (minimum age 16)

Name _____ Birth Date: _____ Age: _____

Address _____ City/State/Zip: _____

Phone (H) _____ (W) _____ (Cell) _____

Email _____

Occupation or Former Occupation: _____

In Emergency Notify: Name: _____ Phone: _____

Address: _____ Relationship: _____

AREAS OF INTEREST

(Check all that apply)

Ushering

- | | |
|---|--|
| <input type="checkbox"/> General ushering | <input type="checkbox"/> Balcony Usher |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Sell Beer & Wine |
| <input type="checkbox"/> Work w/School Groups | <input type="checkbox"/> Lobby Sales Attendant |

Public Relations

- | | |
|--|--|
| <input type="checkbox"/> Poster/flyer distribution | <input type="checkbox"/> Lobby Greeter |
| <input type="checkbox"/> Fundraising | |

Hospitality

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Serving Food | <input type="checkbox"/> Set up for Special Events |
|---------------------------------------|--|

Office Help

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> General Clerical | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Help w/ mailings | <input type="checkbox"/> Scrapbook |

Other Interests/Comments:

When would you be available for training (Evenings, weekends, etc.)?

***Return application to: High Point Theatre, ATTN: House Manager
220 E. Commerce Ave., P.O. Box 230
High Point, NC 27261***

OFFICE USE ONLY

Date received: _____

Contact date: _____

Orientation date: _____