

THEATRE ORANGEVILLE Volunteer Application

A) Name: _____

Address: _____

Apartment # Street/ Concession

Town

Province

Postal Code

Phone: _____

Home

Work Number

Cell Phone

Email Address: _____

B) Age Range: under 16 over 16 over 21 (*Check one box*)

Start Date: _____ (*When are you available to start?*)

C) PLEASE check one or more areas/jobs that would interest you:

ADMINISTRATION/OFFICE

Mailings (folding, stuffing envelopes)

Audition Scheduling

Office

PROMOTIONS

poster/brochure distribution

creating displays

phoning/telemarketing

USHER/GREETER

year round summer

autumn winter spring

SPECIAL EVENTS/FUNDRAISING

setting up decorating

acquiring donations

Opening Night server

Do you have Smart Serve certification? Yes/ No
Would you be willing to take paid training? Yes/ No

OPERA HOUSE MAINTENANCE

repairs, painting etc.

cleaning

TECHNICAL

building, painting sets

sewing costumes

helping to acquire props

Lighting Technician

D) Do you: **drive?** Yes/ No
 have access to a car? Yes/ No **... a truck?** Yes/ No

E) What days of the week are you available to volunteer?

What time of day is best for you to volunteer?