

VOLUNTEER APPLICATION

VOLUNTEER INFORMATION-PLEASE PRINT:

Name(s)

Mailing Address-City-State-Zip

() _____
Daytime Phone

() _____
Home Phone

() _____
Cell Phone

E-Mail Address

VOLUNTEER SERVICE PROVIDED-PLEASE CHECK APPROPRIATE CATEGORY:

() Professional Service

Type of Service

() Available Volunteer Times

BEST DAYS AND TIMES:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
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() Other Volunteer Service

PLEASE DESCRIBE:

PLEASE CHECK CATEGORIES OF INTEREST:

() No Preference

() Ushering

() Flyer-Poster Distribution

() Acting

() Concessions

() Special Event Set-Up

() Music Assistance

() Box Office

() Special Event Clean-Up

() Back Stage Assistance

() General Office

() Board Membership

() Set Construction

() Computer Related Work

() Committee Membership

PLEASE LIST SPECIAL SKILLS RELATED TO ABOVE SELECTIONS:

FINANCIAL SUPPORT-PLEASE CHECK ANY CATEGORIES YOU WOULD LIKE INFORMATION ON:

(NOT REQUIRED)

() Athens Theatre Seat Purchase

A Plaque Bearing Your Dedication Message is Placed Permanently on a Seat

() Sustaining Membership

A Fixed Small Monthly Credit Card Contribution is made to the Sands Theater Center-Athens Theatre

() Theater Society Membership

Join the Sands Theater Center-Athens Theatre Guild

() Performance or Season Sponsorships-Contributions

Several Different Support Packages are Available to Meet Your Specific Needs and Resources

PLEASE RETURN THIS FORM TO:

The Sands Theater Center

P.O. BOX 4550

DeLand, Florida 32721-4550

BUSINESS OFFICE HOURS:

Monday through Friday 10am to 5pm

Thank You for Your Interest in Becoming a Theater Volunteer

