

Springer Opera House Volunteer Information Sheet

Name: _____ Are you over 16? Yes No

Home Address: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

E-mail Address _____ Cell Phone: _____

Employer: _____ Work Hours: _____

What is the best way to reach you? Home Cell E-Mail Snail mail

Emergency Contact	Relationship	Phone #
Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have regular access to a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What are your reasons for wanting to participate as a Springer Opera House volunteer?

How did you hear about our volunteer program?

Current community activities/other volunteer experience:

Special Skills/Experience (carpentry, sewing, computer, etc):

Do you have any physical requirements or limitations that may hinder you from participating in certain volunteer activities? Yes No

If yes, please explain:

Have you ever been convicted of a crime, other than a traffic violation? Yes No

Are you a Springer Theatre Academy Parent? Yes No

Volunteer Interest Check List (Please Check ALL THAT APPLY)

<input type="checkbox"/> Scene Shop:	<input type="checkbox"/> Painting	<input type="checkbox"/> Building	<input type="checkbox"/> Organizing	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Strike
<input type="checkbox"/> Costume Shop:	<input type="checkbox"/> Sewing	<input type="checkbox"/> Patterning	<input type="checkbox"/> Alterations	<input type="checkbox"/> Organizing	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Lights/Sound:	<input type="checkbox"/> Hang/Focus	<input type="checkbox"/> Wiring	<input type="checkbox"/> Load-ins/outs	<input type="checkbox"/> Organizing	<input type="checkbox"/> Strike
<input type="checkbox"/> Properties:	<input type="checkbox"/> Pulling Props	<input type="checkbox"/> Painting	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Organizing	<input type="checkbox"/> Building
<input type="checkbox"/> Show Crew:	<input type="checkbox"/> Running Crew	<input type="checkbox"/> Fly Crew	<input type="checkbox"/> Spot Light Op	<input type="checkbox"/> Dresser	<input type="checkbox"/> Props Runner
<input type="checkbox"/> Administration:	<input type="checkbox"/> Answer Phones	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Mass Mailings	<input type="checkbox"/> Organizing	<input type="checkbox"/> Filing
<input type="checkbox"/> Docent (tours)		<input type="checkbox"/> Ushering		<input type="checkbox"/> Steeplechase	

Availability (Please check ALL that apply)

<input type="checkbox"/> Sunday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening	<input type="checkbox"/> Thursday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening
<input type="checkbox"/> Monday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening	<input type="checkbox"/> Friday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening	<input type="checkbox"/> Saturday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Morning / <input type="checkbox"/> Afternoon / <input type="checkbox"/> Evening		