



Indiana Theatre Volunteer Application

Thank you for your interest in volunteering at the Indiana Theatre. The information you provide will assist us in finding an appropriate and satisfying position for you. All information provided is kept confidential and is for the use of the volunteer program only. Please complete the form as fully as possible and either email it to info@indianatheater.com or mail it to the Indiana Theatre at 683 Ohio St. Terre Haute, IN 47807. A Theatre staff person will contact you when a position matching your skills/interests is available.

Contact Information:

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Availability:

Please indicate which days and time of day you are available:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning (8am-Noon)							
Afternoon (Noon-5pm)							
Evening (5pm-Midnight+)							

Special Skills or Qualifications:

Please summarize special skills and qualifications acquired from employment, previous volunteer work, or through other activities, including personal interests, hobbies or sports.

Previous Volunteer Experience:

Please summarize any previous volunteer experience.

How Did You Hear About Us?

Please state how or where you heard about volunteering with us.

Emergency Contact:

Name: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Agreement and Signature:

I hereby certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if I become a volunteer for the Indiana Theatre any falsified statements made on the application shall be considered cause for dismissal from the program. I also understand that reliability is essential to volunteering. I am expected to have excellent attendance, promptness, and courteous behavior.

Printed Name: _____

Signature: _____

Date: _____

Office Use Only:

Contacted _____ Date _____