

# ***Theatre Albany***

## **VOLUNTEER FORM**

**YES, I am interested in volunteering at THEATRE ALBANY.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

AGE (Check One) Under 12 \_\_\_\_\_ 12-18 \_\_\_\_\_ 18-25 \_\_\_\_\_ 26-35 \_\_\_\_\_ 36-45 \_\_\_\_\_ 46- 55 \_\_\_\_\_ Over 55 \_\_\_\_\_

PLACE OF EMPLOYMENT AND/OR SCHOOL \_\_\_\_\_

OCCUPATION OR COURSE OF STUDY \_\_\_\_\_

**Please check the areas of interest:**

- |   |  |
|---|--|
| <input type="checkbox"/> Back Stage Crew          | <input type="checkbox"/> Marketing/Publicity |
| <input type="checkbox"/> Box Office: Day or Night | <input type="checkbox"/> Performing          |
| <input type="checkbox"/> Costumes                 | <input type="checkbox"/> Stage Management    |
| <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Set Construction    |
| <input type="checkbox"/> Host & Hostess           | <input type="checkbox"/> Sound and Lighting  |
| <input type="checkbox"/> House Manager            | <input type="checkbox"/> Subscription Sales  |
| <input type="checkbox"/> Make Up                  | <input type="checkbox"/> Ushers              |
| <input type="checkbox"/> Other _____              |  |

**PLEASE RETURN THIS FORM TO THEATRE ALBANY BY DROPPING IT OFF AT THE THEATRE—514 PINE AVENUE—OR MAILING IT TO: P O BOX 552 / ALBANY, GA 31702.**