

## **JOIN THEATRICUM FAMILY AS A VOLUNTEER**

*Tell us what you are interested in doing (or learning more about!) and our Volunteer Coordinator will contact you. All information is kept confidential.*

NAME \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

Preferred Method of Contacting You? \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Email \_\_\_ All

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AREA(S) OF INTEREST :

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Spring Work Day                      | <input type="checkbox"/> Grounds (Gardening/Watering)               |
| <input type="checkbox"/> Summer Repertory Season/Concert Volunteer   | <input type="checkbox"/> Midsummer Night's Feasts (in August)       |
| <input type="checkbox"/> Friday Feasts (in September)                | <input type="checkbox"/> Hospitality – Potlucks, Opening Receptions |
| <input type="checkbox"/> Gift Sales & Concessions                    | <input type="checkbox"/> Family Fundays and Kids Konzerts           |
| <input type="checkbox"/> Town Crier - Deliver flyers; festival booth | <input type="checkbox"/> Play Reader (Seedlings)                    |
| <input type="checkbox"/> Mailings, Office, Administrative            | <input type="checkbox"/> Phone Calling                              |
| <input type="checkbox"/> Organizing                                  | <input type="checkbox"/> Writing, Editing                           |
| <input type="checkbox"/> Fundraising, Grant writing                  | <input type="checkbox"/> Education                                  |
| <input type="checkbox"/> Virtual Volunteering (from home or office)  | <input type="checkbox"/> Skilled Work (carpentry, painting, sewing) |
| <input type="checkbox"/> Youth Alumni Association                    |   |

SKILLS YOU WOULD LIKE TO SHARE WITH THEATRICUM:

\_\_\_\_\_  
\_\_\_\_\_

AVAILABLE: WEEKDAYS: \_\_\_ Daytime \_\_\_ Evening  
WEEKENDS: \_\_\_ Daytime \_\_\_ Evening

TELL US ABOUT YOURSELF (Optional) Work experience, special talents, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_