



Volunteer Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

I wish to volunteer for

_____ Usher

_____ I prefer Matinee performances

_____ I prefer Evening performances

_____ Gift Shop

_____ Hospitality

_____ Marketing and Mail Processing

_____ As needed

I wish to Usher with _____ Phone _____

_____ Phone _____

I reside in Florida _____ Seasonal _____ Year Round

Please list 2 Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Please list your physical limitations _____

Do you have Certifications in _____ CPR _____ Date of Certification _____

_____ First Aid Date of Certification _____

_____ AED _____ Date of Certification _____

Why do you want to Volunteer? _____
