S.T.A.R.S. Theatre – Volunteer Application

ALL VOLUNTEERS MUST SUCCESSFULLY PASS A BACKGROUND CHECK

LAST NAME: _____ **FIRST NAME:** _____

D.O.B: _____ **SSN:** _____

ADDRESS: _____

CELL PHONE #: _____ **EMAIL ADDRESS:** _____

CHILD(REN)'S NAME(S) IF APPLICABLE: _____

SHIRT SIZE: _____

PREFERRED GROUP (CIRCLE ONE):

JR Show (K-5th Grade) *SR Show (6th-12th Grade)* *No Preference* *Both*

PLEASE DESCRIBE YOUR THEATRE EXPERIENCE:

_____

_____

_____

_____

ARE THERE ANY DAYS OF THE WEEK IN WHICH YOU ARE UNAVAILABLE TO VOLUNTEER? ___YES ___NO

PLEASE DESCRIBE ANY POTENTIAL CONFLICTS:

_____

_____

_____

_____

SIGNATURE: _____ **DATE:** _____