

# Volunteer Application

Please Print Clearly – Black Ink Only



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Other Volunteer Experience:

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

I am interested in volunteering for: (check all that apply)

Performances:\_\_\_ Administrative:\_\_\_ Production:\_\_\_ Movies:\_\_\_

Are you First Aid and/or CPR certified? Yes\_\_\_ No\_\_\_

Do you have any physical limitations that would prevent you from climbing stairs routinely or otherwise working in the theatre? Yes:\_\_\_ No:\_\_\_

I am available for personal interview. Yes:\_\_\_ No:\_\_\_

References: \_\_\_\_\_

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

Questions should be directed to Andrew Rivenbark, Front of House Manager

856-327-6400 or [andrew@levoy.net](mailto:andrew@levoy.net)