

Volunteer Application

Please Print Clearly



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact

Name: _____

Address: _____

Relationship: _____ Home Phone: _____ Cell 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 Amanda DeAngelis, Executive Director

856-327-6400 ext 105 or amanda@levoy.net

Levoy Theatre – 126-130 N. High Street, PO Box 678, Millville, NJ 08332 – 856-327-6400