Volunteer Application

Please Print Clearly

Name: _____ Birthdate: _____

Address: _____

City: _____State: _____ Zip Code: _____

Email: _____

Home Phone: _____Cell Phone: _____

Emergency Contact

Name: _____

Address: _____

Relationship: _____Home Phone: _____Cell Phone: _____

Other Volunteer Experience:

_____

_____

_____

_____

_____

Do you have any limitations that would prevent you from climbing stairs routinely or otherwise working in the theatre?
Yes: ___No: ___

If yes, what are your limitations? _____

Are you First Aid and/or CPR certified? Yes___ No___

References:_____

_____

_____

_____

_____

Questions should be directed to managers Miranda Mazzoli or Charlotte Zappile.

Phone: 856-327-6400 x104 (Miranda) or x108 (Charlotte) Email: miranda@levoy.net

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