

Theatre Albany

VOLUNTEER FORM

YES, I am interested in volunteering at THEATRE ALBANY.

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE Home _____ Cell _____ Work _____

AGE (Check One) Under 12 _____ 12-18 _____ 18-25 _____ 26-35 _____ 36-45 _____ 46- 55 _____ Over 55 _____

PLACE OF EMPLOYMENT AND/OR SCHOOL _____

OCCUPATION OR COURSE OF STUDY _____

Please check the areas of interest:

- | | |
|---|--|
| <input type="checkbox"/> Back Stage Crew | <input type="checkbox"/> Marketing/Publicity |
| <input type="checkbox"/> Box Office: Day or Night | <input type="checkbox"/> Performing |
| <input type="checkbox"/> Costumes | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Set Construction |
| <input type="checkbox"/> Host & Hostess | <input type="checkbox"/> Sound and Lighting |
| <input type="checkbox"/> House Manager | <input type="checkbox"/> Subscription Sales |
| <input type="checkbox"/> Make Up | <input type="checkbox"/> Ushers |
| <input type="checkbox"/> Other _____ | |

PLEASE RETURN THIS FORM TO THEATRE ALBANY BY DROPPING IT OFF AT THE THEATRE—514 PINE AVENUE—OR MAILING IT TO: P O BOX 552 / ALBANY, GA 31702.