



WAUKESHA CIVIC THEATRE



BASIC VOLUNTEER APPLICATION

Volunteer Position Requested: _____ **Date of Application:** _____

Please Print/Write Legibly

Name: _____

Last

First

Middle

Street Address: _____

City: _____ State: WI Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Why do you wish to become a volunteer at Waukesha Civic Theatre?

What/Who prompted you to become a volunteer with Waukesha Civic Theatre?

Please Provide The Following Information For Demographics/Criminal Record Check

Age: _____ Birthdate: _____ Sex: _____ Ethnicity: _____

Maiden Name/Additional Names: _____

Emergency Contact: _____

Are you currently employed? If yes, employees name: _____

Occupation: _____

In what area(s) would you like to participate?: _____ Costumes _____ Set Building _____ Usher
_____ Office _____ Playbill _____ Facility _____ Other (Specify) _____

Previous Volunteer Experiences: _____

Present Anticipated Commitment

Regular Schedule: _____

Flexible Schedule: _____

Seasonal Schedule: _____

If you are accepted as a volunteer, we would like to use production, publicity, and/or headshot photos of you for marketing and public relations purposes. By signing here you are granting us permission to do so. Also by signing here, you agree to follow WCT's Rules & Regulations, and honor your commitment to fulfill your volunteer duties as assigned.

Signature: _____

Margaret Brate Bryant Civic Theatre Building, 264 West Main Street, Waukesha, WI 53186
262-547-4911 Business Office, 262-547-0708 Box Office, 262-547-8454 Fax

S:\Administration\Volunteers\Volunteer Application.doc