



Volunteer Information Form

(Please print LEGIBLY and return form to HMT at address below, or fill form out at our web site www.homemadetheater.org under the "Get Involved" menu)

NAME: _____

ADDRESS: _____

PREFERRED PHONE: _____

ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

BIRTHDAY(*day and month only*): month _____ day _____

IF YOU ARE UNDER 18, YEAR OF BIRTH: _____

IF YOU ARE UNDER 18,
PARENT OR GUARDIANS NAME: _____

Please include me on the Actor's Mailing List as well.

Do you have any physical limitations that would affect your ability to perform volunteer activities? (Ex. No heavy lifting, cannot drive at night, cannot walk up & down stairs)

Do you have any previous theater experience (not necessary, we just like to know)?

Circle your area(s) of interest:

Front of House	Behind the Scenes	Administrative	Creative Team *
Audition Greeter	Assistant Stage Manager	Box Office	Choreographer
Concessions Assistant	Costume Assistant	Fundraising Assistant	Costume Designer
Door Greeter	Dresser	General Office Assistant	Director
House Manager	Lighting Assistant	Publicity - Mailings	Lighting Designer
Usher	Lighting Operator	Publicity - Poster Distribution	Musical Director
	Prompter		Properties Designer
	Props Assistant		Scenic Designer
	Running Crew		Sound Designer
	Scenic Assistant		Stage Manager
	Sound Operator		

*Those interested in Creative Team may be asked to provide a resume.

For Office Use Only:

Date Submitted: _____