



2019 VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB (background check purposes only) _____

Email address: _____

In case of Emergency, please contact: _____

Relationship to Volunteer: _____ Phone: _____

Do you have previous volunteer experience (please list): _____

Note: All Volunteers are subject to a background check to ensure the safety of others and money handling.

Please check the following areas of interest(specify time of day you are available-am/noon/pm):

Set up	____ Fri 6/21	____ Sat 6/22	Merchandise Tent	____ Fri 6/21	____ Sat 6/22
Tear down	____ Fri 6/21	____ Sat 6/22	Social & Clean-up	____ Fri 6/21	____ Sat 6/22
Entry tents	____ Fri 6/21	____ Sat 6/22	Bartending	____ Fri 6/21	____ Sat 6/22
Kids Zone	____ Fri 6/21	____ Sat 6/22			<i>(Must be 21 or over)</i>

Do you have any physical limitations? Please list: _____

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:

Sandusky State Theatre

**ATTN: Geoffrey Stuck
107 Columbus Avenue
Sandusky, OH 44870**

or E-mail gstuck@sanduskystate.com