

## Standing Ovation Theatre Volunteer Application

	Applicant Information
Name:	Date:
Address, City, Zip:	
Phone:	Email:
Date of Birth:	If under age 18, guardian approval signature:
<b>Emergency Contact:</b>	
Name:	Relationship: Phone Number
	Areas of Interest
Concessions/Bo	x Office
Backstage	Maintenance Housekeeping Office/Clerical
<b>Availability:</b> Monday  Tue	sday Wednesday Thursday Friday Saturday Sunday
Morning	Afternoon Evening
Applicable Experience: _	
Revised fas 03/11/2025 Si	gnUpGenius /Outlook Code of Conduct Signed