



Stadium Theatre Foundation
Volunteer Application
www.stadiumtheatre.com (401) 762-4545

Name: _____ DOB _____

Address: _____ Telephone # _____

Social Security # _____ Work Phone: _____

I am available to volunteer at the theatre on:

- Weekdays for morning performances
- Friday evenings
- Saturday evenings
- Saturday afternoons
- Sunday afternoons
- Sunday evenings
- Evenings during the week
- Anytime during the day to volunteer in the office
- All of the above

E-mail: _____

I am over 18 years of age: YES NO

VOLUNTEER EXPERIENCE – Please prioritize the areas of interest (1, 2, 3 etc.) with 1 being of greatest interest. I am interested in volunteering in the following areas:

I understand that I will be trained in the areas prior to being asked to assume any responsibilities

- House Manager
- Usher
- Snack Bar
- Liquor Bar
- Box Office Sales
- Office work
- Back Stage

- Encore Repertory Company
- Costuming
- Set Design
- Set Construction
- Stage Manager

I have skills in the following areas and would like to contribute those to the theatre as a volunteer

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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as maybe necessary in arriving at an employment decision. This can also include, but is not limited to, criminal background checks as well as credit history checks.

This application for employment shall be considered active for one year.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employment.

I understand that completion and submission of this application simply means it will be kept on file at the Stadium Theatre as a reference that indicates my interests in volunteering. The information will remain confidential. Thank you for your interest in the Stadium Theatre.

Please Sign: _____ Date: _____