

The Company of Strangers Theater



VOLUNTEER FORM

NAME: _____
EMAIL: _____
PHONE: _____ TEXT? (circle) YES NO
ADDRESS: _____
CITY: _____ WI ZIP: _____

AREAS(S) INTERESTED IN (circle)

STAGE MANAGEMENT	COSTUMING	SET DESIGN
USHERING/CONCESSION	LIGHTING	SOUND
MARKETING/PUBLICATIONS	SOCIAL MEDIA	PROP MANAGEMENT
HAIR/MAKE-UP		

OTHER:

PAST EXPERIENCE (if applicable):

Name of theater: _____
Position held: _____
Name of production: _____
Playwright: _____
Year performed: _____
Immediate supervisor: _____
May we contact for reference: YES NO Phone: _____

Email: _____

PAST EXPERIENCE:

Name of theater: _____

Position held: _____

Name of production: _____

Playwright: _____

Year performed: _____

Immediate supervisor: _____

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May we contact for reference: YES NO Phone: _____

Email: _____

Continue past experiences on a separate paper if necessary.

IF NO PAST EXPERIENCE, provide two character references unrelated to you:

Name/contact: _____

Relation/years known: _____

Name/contact: _____

Relation/years known: _____

There is someone else applying for the same volunteer position with The Company, with better experience and credentials than you have. Provide an explanation of what you plan to bring to The Company with your personality and unique gifts that others might not have:

Why is theater important to you?

Why would you like to work with The Company particularly?

Signature: _____ Date: _____