



## VOLUNTEER OPPORTUNITIES

Please complete and mail or fax to the Clark Center Performing Arts Association office. All Volunteers must be Association Members. If you are not already a Member, please complete a Membership Registration Form.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax No. \_\_\_\_\_

Volunteer Options – Mark all areas of interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Usher/Ticket Taker   | <input type="checkbox"/> Office Support: |
| <input type="checkbox"/> Docent (Tour Leader) | <input type="checkbox"/> Box Office      |
| <input type="checkbox"/> Concessions          | <input type="checkbox"/> Business Office |
| <input type="checkbox"/> Parking Guide        | <input type="checkbox"/> Poster Crew     |
| <input type="checkbox"/> Special Events       |  |

Volunteers for all theater positions will receive thorough training. The Association has established a Volunteer Recognition Program for those who successfully complete their assignments.

Please indicate any physical limitations or time constraints you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any relevant experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_