



Volunteer Application

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Email address: _____

In case of Emergency please contact: _____

Relationship to volunteer: _____ Phone: _____

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

Areas of Interest (check all that apply)

Note: All volunteers are required to complete SST training in ALL areas indicated by an asterisk (). The demands of each event held at the Sandusky State Theatre are unique, and while every effort will be made by the Volunteer Coordinator to assign you to your area of preference, your flexibility and skills to complete all tasks assigned in all areas is greatly appreciated.*

- Concessions* Usher* Coat Check*
- (including alcohol sales)
- Ticket Taking* Will Call Special Projects
- (theatre cleaning, maintenance, etc.)

Do you have any physical limitations? (please list). _____

Volunteer Agreement

As a Sandusky State Theatre Volunteer, I agree to abide by the policies and procedures set forth by Theatre Management. I further agree to follow instruction from the Volunteer Coordinator or Head Usher, with the highest degree of quality and professionalism. I understand the Sandusky State Theatre management reserves the right to select volunteers for specific responsibilities based on their experience, performance, and/or flexibility. I further understand that the Volunteer Coordinator and Sandusky State Theatre Management reserves the right to remove my name from the volunteer roster for reasons of inappropriate behavior of a volunteer, unexcused absences, and inactivity for a period of 6 months or longer.

Signature: _____ Date: _____