



# MEMORIAL OPERA HOUSE

## Volunteer Application



CONTACT INFORMATION			
Full Name			
Address			
City, ST Zip			
Phone	Mobile	Home	Work
Email			
AVAILABILITY			
Morning	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Afternoon	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Evening	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
INTERESTS			
Let us know what your preferences and interests are! Please check all that apply.			
Events	<input type="checkbox"/> Cleaning <input type="checkbox"/> Event Setup <input type="checkbox"/> Event Breakdown <input type="checkbox"/> Volunteer Coordination <input type="checkbox"/> Gopher		
Public Relations	<input type="checkbox"/> Networking <input type="checkbox"/> Fundraising <input type="checkbox"/> Foundation Board		
Box Office	<input type="checkbox"/> Will Call <input type="checkbox"/> Usher <input type="checkbox"/> Greeter <input type="checkbox"/> Ticket Scanner <input type="checkbox"/> Patron Seating		
Marketing	<input type="checkbox"/> Advertising <input type="checkbox"/> Poster Distribution <input type="checkbox"/> Telemarketing <input type="checkbox"/> Direct Mail		
Mainstage Productions	<input type="checkbox"/> Acting <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Musician <input type="checkbox"/> Directing <input type="checkbox"/> Music Directing <input type="checkbox"/> Choreography <input type="checkbox"/> Stage Managing <input type="checkbox"/> Costumes <input type="checkbox"/> Props <input type="checkbox"/> Set Construction <input type="checkbox"/> Set Strike <input type="checkbox"/> Set Painting <input type="checkbox"/> Set Decorating <input type="checkbox"/> Lighting <input type="checkbox"/> Spotlight Operator <input type="checkbox"/> Sound <input type="checkbox"/> Tech		
Lunchtime Cabarets	<input type="checkbox"/> Acting <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Musician <input type="checkbox"/> Directing <input type="checkbox"/> Spotlight Operator <input type="checkbox"/> Tech		
LimeLights Youth Theatre Program	<input type="checkbox"/> Acting <input type="checkbox"/> Singing <input type="checkbox"/> Dancing <input type="checkbox"/> Musician <input type="checkbox"/> Directing <input type="checkbox"/> Music Directing <input type="checkbox"/> Choreography <input type="checkbox"/> Instructor <input type="checkbox"/> Stage Managing <input type="checkbox"/> Costumes <input type="checkbox"/> Props <input type="checkbox"/> Set Construction <input type="checkbox"/> Set Strike <input type="checkbox"/> Set Painting <input type="checkbox"/> Set Decorating <input type="checkbox"/> Lighting <input type="checkbox"/> Spotlight Operator <input type="checkbox"/> Sound <input type="checkbox"/> Tech		
Internship	<input type="checkbox"/> Box Office <input type="checkbox"/> Administrative <input type="checkbox"/> Marketing <input type="checkbox"/> Theatre <input type="checkbox"/> Tech: _____		
RSVP	<input type="checkbox"/> Please sign me up for United Way's 55+ Retired Seniors Volunteer Program (RSVP)!		
Special Skills / Qualifications			



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### EXPERIENCE

Please tell us about any other volunteer experience that you have had.

### PHOTO RELEASE AUTHORIZATION

I, the undersigned, hereby consent and agree that Memorial Opera House ("MOH") and its affiliates have the right to take or use photographs of me and to use these in any and all media worldwide including online, now or hereafter known, and for any purpose whatsoever. I hereby release to MOH all rights to exhibit this work in print and electronic form publicly or privately, and to market copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name (printed): \_\_\_\_\_

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

Parent/Guardian Name & Signature: \_\_\_\_\_  
(if under 18)

MOH Representative as Witness: \_\_\_\_\_

### AGREEMENT & SIGNATURE

By submitting this application I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): \_\_\_\_\_

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

Parent/Guardian Name & Signature: \_\_\_\_\_  
(if under 18)

MOH Representative as Witness: \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE NOTIFY

Name	
Address	
Phone(s)	
Email	

*OUR POLICY is to provide equal volunteer opportunities to all individuals without discriminating on the basis of race, color, creed, religion, gender, national origin, ethnicity, age, citizenship, disability, sexual orientation, or any other characteristics protected by Federal, State and local laws.*

#### INTERNAL USE ONLY

Contact Date: \_\_\_\_\_ Training Completed: \_\_\_\_\_

Best Contact Method: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_