

VOLUNTEER APPLICATION

Please fill out the following as completely as possible and return to:
Stambaugh Auditorium - Attn: Trinity Watson
1000 5th Avenue, Youngstown, Ohio 44504
Email to volunteer@experienceyourarts.org

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

E-Mail address _____

Are you 18 years of age or older? Yes No Date of Birth: Month _____ Day _____

Emergency Contact

Name _____ Relation _____

Phone _____

Do you have ushering experience? If so, please describe:

Are you currently volunteering at other organizations? If so, where and in what capacity? (Please list organizations, positions held, dates and duties)

Please list any special talents, skills or strengths you would bring to the volunteer services, including any sign language skills and foreign languages you may speak.

Signature _____ Date _____