

Volunteer Application



Please print clearly

Full Name _____

Address _____

City _____

State _____ Zip Code _____

E-Mail: _____

Phone Number

Home _____

Work _____

Cell _____

Emergency Contact

Name _____

Phone number _____

Relationship _____

Other Volunteer Experience

I am interested in volunteering for: (check all that apply)

- Performances
- Movies
- Administrative
- Production
- Special Events
- Community Promotions

The requirements of many volunteer assignments at the **Strand-Capitol** demand the ability to walk and stand for extended periods of time. Please indicate whether you can meet these requirements.

I have physical limitations that would prevent me from climbing stairs routinely or otherwise working in the theater.

YES _____

NO _____

I am available for a personal interview.

YES, I am available: _____

NO _____

Additional Comments

Questions should be directed to:

Kay Gable or **Chris Tassia**, Volunteer Coordinators

Phone 717-846-1155 x 110

e-mail volunteercoord@strandcapitol.org



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