



VOLUNTEER APPLICATION FORM

First Name _____ Last Name _____

Email _____ Best Phone _____

Technical/Administrative Opportunities:

Please indicate which areas you are interested in. If choosing more than one, please number in order of preference.

- Show (building, staging and running) Partner, Funder and/or Support Recruitment
 Online Community/Social Media Outreach Admin and Data Entry support
 Other _____

Date you can begin: _____

What days of the week are you available?

- Sundays Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays ALL

What Time of day usually works best for you?

- 10am-12pm 2-5pm 6-10pm ANY

How many hours per week are you available? _____

Is there anyone you would like to volunteer with? YES NO

If yes, please list family members, friends and orgs, etc.:

1. _____ 2. _____

3. _____ 4. _____

What do you hope to gain from this experience?

What skills, strengths, or expertise do you have that would apply to volunteering?

What is it about Theatre Jacksonville that interests you?

**Please attached additional pages if necessary, and include your resume when submitting your application. Thank you!*

SUBMIT