

Colonial Theatre Volunteer Application

Please fill out the following application. Your responses will help us to utilize your skills, while ensuring an enjoyable experience as a volunteer at the Colonial. Be truthful!

Name: _____

Street Address: _____ City.State.Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Education/Work Experience: _____

Which days are you available to volunteer? (Please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you currently employed? If so, where?: _____

When do you prefer to work? (Please circle)

Morning (9am-noon) Afternoon (Noon-4pm) Evenings (4pm-10pm)

Do you have experience in Customer Service? Please explain: _____

Do you have experience with the following?:

Multi-line telephones: _____

Computers (if so, what software?): _____

Do you speak any foreign languages? If so, which ones? _____

Which type of work do you prefer?

(Please rate your answers on a scale of 1-10, 1 being highest of interest to you)

Events _____	Clerical _____	Greeter _____	Mailings _____	Filing _____
Data entry _____	Box Office _____	Research _____	Tours _____	Concession _____
Operations/Technical _____	Answering phones/taking messages _____			

Please use this space to tell us a little more about yourself! _____

