

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Full Name:			Date:
Last	First	M.I.	
Address:	City	State	Zip Code
	•		•
Preferred Phone:		secondary Phone:	
Email Address: (please print clea	rly)		
Positions Interested In: (check of	all that apply)		
• Usher • A	Administrative Help* •	Community Outreach	* (farmers market/fairs, street team, etc.)
*Please indicate your da	ytime availability for these positi	ons:	
EM	ERGENCY CONTA	CT INFORMA	TION
Full Name:	Relationship:		
Last	First	Relatio	шынр
Address:	City		
		State	Zip Code
Preferred Phone:		Secondary Phone:	
	IMPORTANTIN	KORMATHON	
	IMPORTANT IN	FORMATION	
If you are applying for a			lowing requirements/notes:
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Please return this form to:

Shubert Theatre, 247 College Street, New Haven, CT 06510, Attn: Volunteer Opportunities or email to ShubertStars@capa.com