



VOLUNTEER APPLICATION

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street City State Zip Code

Preferred Phone: _____ Secondary Phone: _____

Email Address: *(please print clearly)* _____

Positions Interested In: *(check all that apply)*

- Usher
- Administrative Help*
- Community Outreach* *(farmers market/fairs, street team, etc.)*

*Please indicate your daytime availability for these positions: _____

EMERGENCY CONTACT INFORMATION

Full Name: _____ Relationship: _____
Last First

Address: _____
Street City State Zip Code

Preferred Phone: _____ Secondary Phone: _____

IMPORTANT INFORMATION

If you are applying for a volunteer usher position, please note the following requirements/notes:

- Must be able to climb stairs
- Must be able to read small print on tickets
- May be required to stand for 3-4 hours
- Must arrive 90 minutes prior to show time and have reliable transportation
- Must be willing to work in a variety of positions
- May not be able to watch the show from inside the house
- Will be required to stay until the end of the show and all patrons are clear from your area
- Must attend a Certification Session
- There is a \$50 Program Fee for each season

Signature: _____ Date: _____

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

