



Volunteer Application

Your responses will help CAP Theatre make the best use of your skills and interests.

Applicants must be at least 14 years of age to apply.

Contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Birth date: _____

Are you at least 14 years of age? Yes No

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Check the times you prefer to volunteer: Morning Afternoon Evening

Are you a student? Yes No

If yes, what school do you attend? _____

Your occupation: _____

Please list any experience and/or special skills that you bring to CAP Theatre: _____

Please check if you'd like to volunteer experience in any of these areas:

Sewing/costume design Set building Maintenance

Light/Sound Acting Fund raising

Producing Special Events

Please check any areas at the theatre in which you have a special interest:

- Ushering & greeting
- Development & Administrative Support
- House Manager
- Marketing
- Production Support

Please check any special events of interest to you:

- Summer Theatre Camp
- Main Stage Productions
- Murder Mysteries
- Theatre classes
- Lunch 'n Laughs

Do you have computer experience? Yes No

If yes, please indicate the software you have used: _____

Do you have theater experience? Yes No

If yes, where and in what capacity: _____

Are there activities you prefer to avoid? Yes No

If yes, please list (*heavy lifting, climbing stairs, etc.*): _____

How did you learn about the CAP Theatre Volunteer Program? _____

Why do you want to volunteer at CAP Theatre? _____

How long do you expect to be a CAP Theatre volunteer?

- Long term (*a year or more*)
- Short term (*a few months*)
- Indefinitely

Please list a person to notify in case of emergency:

Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Please list two references we may contact:

1. Name of reference: _____ Phone: _____
2. Name of reference: _____ Phone: _____

Agreement & signature:

By submitting this application, I affirm that the statements made in it are true and complete. Any false representation may affect the approval of this application.

Print name: _____ Date: _____
Signature: _____

Our policy:

It is the policy of CAP Theatre to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Information provided within this application will only be used for the volunteer needs of CAP Theatre.

Thank you for your interest in volunteering with Class Act Productions.

Please mail application to:

Volunteer Coordinator
CAP Theatre
201 1st Ave S
Altoona, IA 50009

Or send via email to:

info@captheatre.org