

VOLUNTEER APPLICATION



Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____ Cell: _____
Email: _____
Your name as you would like it to appear in the Playbill: _____

Availability

Check a box for time period(s) in the day(s) you are available

Monday Tuesday Wednesday Thursday Friday Saturday

Mornings
Afternoons
Evenings (Studio)
Evenings (Events)

Are there any physical conditions? Yes No

If "Yes", please explain: _____

Emergency Contact Information

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Employment

Occupation: _____ Past Present

Experience

Hobbies: _____
Interests: _____
Skills: _____
Special Training: _____

Certifications

Who or What: _____
Prompted you to volunteer at IBT? _____

Education

High School: _____

University: _____

References (Please list 2)

Name: _____ Telephone: _____ Relationship _____

Name: _____ Telephone: _____ Relationship _____

I understand that I am not an employee of Indiana Ballet Theatre, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by Indiana Ballet Theatre for my assigned work duties. I understand and agree that either I or Indiana Ballet Theatre may terminate the volunteer relationship at any time for any reason.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

Signature: _____ Date: _____