



CENTER FOR THE ARTS, INC.  
453 Northampton St. Easton, Pa 18042-3562

Attn: Shawna Bernecker

Phone: 610 258 7766 x.202

Email: sbernecker@statetheatre.org

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**Volunteer Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address # 1: \_\_\_\_\_ Email address # 2: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

Theater Experience: \_\_\_\_\_

Hobbies, Skills, Special Training, or Interests \_\_\_\_\_

What interests you about being a volunteer at The State Theatre? \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Times Available: Morning\_\_\_\_ Afternoon\_\_\_\_ Evening\_\_\_\_ Weekday\_\_\_\_ Weekend\_\_\_\_

Circle Days Available: Mon Tue Wed Thur Fri Sat Sun

Possible Schedule Conflicts: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

**\*\*ONLY\*\* If under 18:**

Age: \_\_\_\_\_ School: \_\_\_\_\_

Volunteering for Community Service? \_\_\_\_\_ How many Hours? \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_