



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

Attn: Natalie Miller

Phone: 610 258 7766 x.202

Email: nmiller@statetheatre.org

Fax: 610 258 2570

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: _____