



## MEADVILLE COMMUNITY THEATRE VOLUNTEER APPLICATION

Please fill out as much of the requested information below as possible. We look forward to adding you to our MCT family!

### Contact Information:

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Age (if under 18): \_\_\_\_\_

### Volunteer Interest

- Ushering
- Box Office
- Single day events (Community days, special fairs, receptions, etc.)
- Committee Person (Production, House, Publicity, etc. Please specify) \_\_\_\_\_
- Backstage volunteer
- Other (please specify): \_\_\_\_\_

### Are you planning on using this volunteer opportunity for school or community service hours?

- Yes
- No

### Do you have any medical conditions or allergies we should know about? If so, please describe.

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### Is there anything in your past or present life that might make it inappropriate for you to be working in close contact with children?

- Yes
- No

### If so, please describe.

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**EMERGENCY CONTACT INFORMATION:**

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

Parent or Guardian Info (if Under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Doctor Name and Phone (if Applicable): \_\_\_\_\_

I give my permission to Meadville Community Theatre to keep my information on file for future reference. I

understand that personal information will not be used for any other purpose, and that this information will be used only for the purpose of Theatre business. My information may not be sold or disclosed to a third-party vendor for any reason.

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

*Thank you for your interest! We appreciate your sharing your talent with us, and look forward to the opportunity to work with you.*