

Thank you for your interest in the Historic Sidney Theatre.
Please submit your completed application to:

Sarah Barr; Project Coordinator
PO Box 484
Sidney, Ohio 45365

VOLUNTEER FORM

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

Emergency Contact: _____

Relationship of Emergency Contact: _____

Emergency Contact Phone: _____ Alt. Phone: _____

I would like to volunteer for: (Check the following areas you are interested in volunteering for)

OFFICE & MARKETING

BOX OFFICE

MAINTENANCE

USHER

STAGE CREW

CONCESSIONS

TECHNICAL/LIGHTING CREW

Qualifications: All volunteers must be 18 years of age or older, volunteers should be able to do the following tasks: make at least a 5 hour commitment, be able to walk and/or stand for 2 hours, climb stairs, follow vertical and written instructions, perform assigned tasks, lift up to 10 pounds, and be a flexible team player. In order to protect our community and those involved with the Historic Sidney Theatre, all volunteers are subjected to a background check.

Volunteer Signature: _____ Date: _____

When is the best time to contact you for a phone interview:

Days: _____ Times: _____

T-shirt size: XS S M L XL XXL XXXL