

ORPHEUM

VOLUNTEER APPLICATION

FOR OFFICE USE

Calendar Year: _____

First Event: _____

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

E-mail: _____

Alt. Email: _____ Home Phone: _____

Alt. Phone: _____ Birthday: _____

Occupation: _____ Employer: _____

List any previous experience (volunteer/paid/educational) that you consider relevant to volunteer work at the Orpheum: _____

List any skills, hobbies, or interests that you consider relevant to volunteer work at the Orpheum:

Do you have any physical limitations that might prohibit certain volunteer duties?

How did you hear about our Volunteer Program? _____

If you were referred by a current volunteer, please list: _____

Emergency Contact(s):

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Physician: _____ Hospital Preference: _____

Please check the type of volunteer opportunities you would be most interested in:

Ticket Taker ___ Concession Stand ___ Main Floor Usher ___

Balcony Usher ___ Bartender ___ Cookoff Auction Committee ___

Please Complete and Return to:

Orpheum Theatre c/o Krystal Wegerle, 200 N. Broadway Suite 330, Wichita, KS 67202

Or you can send it via email: krystal.wegerle@smgwichita.com

Completed By: _____ **Date:** _____