

# 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: \_\_\_\_\_

Do you have a current Food Handlers Card? \_\_\_\_\_

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 \_\_\_ Mezzanine Concierge \_\_\_ Register/Merchandise \_\_\_ Office Work: \_\_\_

**Please Complete and Return to:**

**Orpheum Theatre ATTN: House Manager, 200 N. Broadway Suite 330, Wichita, KS 67202**

**Or you can send it via email: [info@wichitaorpheum.com](mailto:info@wichitaorpheum.com)**

**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_