

VOLUNTEER APPLICATION

Please Print Clearly • Black Ink Only



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Emergency Contact:

Name: _____

Address: _____

Relationship: _____ Day Phone: _____ Evening Phone: _____

Other Volunteer Experience:

I am interested in volunteering for: (check all that apply)

Performances: _____ Movies: _____ Administrative: _____ Special Events: _____

The requirements of many volunteer assignments at the Appell Center demand the ability to walk and stand for extended periods of time. Please indicate whether you can meet these requirements.

Do you have any physical limitations that would prevent you from climbing stairs routinely or otherwise working in the theatre?

Yes _____ No _____

I am available for a personal interview.

Yes _____ No _____

Additional Comments: (may use other side) _____

Questions should be directed to the Volunteer Coordinator at **717-852-2242** or email volunteercoord@appellcenter.org
Appell Center for the Performing Arts • 50 N George Street, York, PA 17401 • 717-846-1111 • AppellCenter.org