

# TWH Volunteer Information Form

Today's Date: \_\_\_\_\_

NAME \_\_\_\_\_ CELL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY CONTACT  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EMERGENCY PHONE# \_\_\_\_\_

In the event of an emergency, do you have any allergies and/or medical conditions we should be aware of? If so, please provide information here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIOR THEATRE EXPERIENCE (Please circle):      None      Some      Extensive

IF YOU ARE A MINOR:    AGE \_\_\_\_\_    GRADE \_\_\_\_\_    SCHOOL \_\_\_\_\_

AREAS OF INTEREST (Please circle below):

Box Office & Marketing:

Box Office/Administrative  
Ushering/Raffle Performances  
Bulk Mailings

Pre-Production:

Set Construction  
Sewing  
Shopping  
Props Construction  
Set Dressing

Tech & Production:

Running Crew  
Lighting & Electrics  
Make-up & Hair Styling  
Sound Set-up  
Stage Management

Do Not Write Below This Line

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_