

(Full Name in Block Letter)

(Date)



WPAC Volunteer Application

Thank you for your interest in becoming a WPAC Volunteer. Please take the time and fill out this application. It will help us understand you and your talents better. It will also give us your contact information in case of an emergency.

Contact Information			
First Name	Age	_ Last Name	
Street Address			
Postal Code	City		
Phone E-	Mail		
Emergency Contact Person		Phone	
<u>Theater Experience</u>			
Acting Experience			
Backstage Experience			
Dance Experience			
Musical Instruments			
Vocal Range			
Area(s) of Interest			
Acting Directing Make-Up Publicity Stage Crew / Management	Bartending Front of H Props Sound Set Constr	ouse / Box Office	Costumes Lighting Poster & Program Design Stage Design Usher / Ticket Taker
<u>Availability</u>			
Number of hours per week Ev	enings Only	_ Days of the Week	
<u>Promotional Newsletters</u>			
Please add my E-Mail address to the WPAC / WE	ELT mailing list to rece	ve promotional E-Mails and newslet	ters
WPAC / WELT value your privacy and will not used for the purposes of your relationship authorize the use of any pho	with WPAC / WELT	rmation to any third-party sour T. By signing this form and beco elf by WPAC / WELT for promot	oming a WPAC Volunteer, you

(Signature)