



ANITA'S THEATRE

Thirroul

Anita's Theatre Volunteer Form

Name _____

Address _____

Post Code _____

Phone _____

E-mail _____

DOB _____

Emergency Contact:

Phone _____

Name _____

Relationship _____

Do you have any medical conditions that we should be aware of?

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please indicate your areas of interest:

Refreshments		Ushering		Front of house	
Research		Maintenance		Setting up	
Office/admin work		Marketing		Advertising	

Training is provided for volunteers and a ticket for two given each year.

On occasion, complimentary tickets may also be provided to volunteers on shows not sold out.

Signature of Applicant _____

Date _____