



Volunteer Questionnaire

Please fill out the following information and return to us at P.O. Box 1449, Dover, DE 19903. Attn: Sandra Conner. We will contact you as soon as possible. Thank you for your interest in volunteering at the Schwartz Center for the Arts.

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Age: _____

Emergency Contact Information

Name/Relationship: _____

Phone: _____

Do you have any physical restrictions? i.e. difficulty with stair climbing, seeing in subdued light, standing for prolonged periods of time, difficulty hearing whispered conversations, etc.

Past volunteer or related experience:

How did you hear of Volunteer Opportunities at the Schwartz Center for the Arts?

| | | |
|---------------|-----------------|------------|
| Newsletter | WBOC | School |
| State News | News Journal | Dover Post |
| Honor Society | Boy/Girl Scouts | Other |

The volunteer opportunities that I am most interested in include:
(Please check all that apply)

| | | |
|-------------|------------------|---|
| Usher | Ticket taker | Alcohol Server <small>State of DE certification required</small> |
| Backstage | Load in/Load Out | Box Office |
| Office | Lights & Sound | Website |
| Concessions | Greeter | |

Signature: _____