



# Special Gifts Theatre, Inc.

Opening Doors to New Possibilities



## Volunteer Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Number Apartment/Unit #*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
*City State Zip Code*

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S. YES NO

Have you ever worked for this company? YES NO If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES NO If yes, explain: \_\_\_\_\_

Date of Birth (MM/DD only): \_\_\_\_\_ How did you learn of Special Gifts Theatre?: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### Availability

Please identify the days and time of day that you would like to volunteer.

\_\_\_ Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

Best Times to Volunteer: \_\_\_\_\_

### Interest & Summary of Experience

Briefly describe what you would like to do at Special Gifts Theatre and what type of experience you have in that area.

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## Emergency Contact

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to a volunteer opportunity, I understand that false or misleading information may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this completed application, via email, fax or mail, along with your resume to:***

Ann Fulmer, Director of Operations  
Email: [ann@specialgiftstheatre.org](mailto:ann@specialgiftstheatre.org)  
Phone: (847) 564.7704 Fax: (888) 564.6021  
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