



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.

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 to:

Special Gifts Theatre
Email: info@specialgiftstheatre.org
Phone: (847) 564.7704 Fax: (888) 564.6021
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www.specialagiftstheatre.org