

# OLYMPIA LITTLE THEATRE VOLUNTEER APPLICATION

<i>For Office Use Only</i>	<i>Date</i>
Date Application Received	
Entered into Excel Database	
WA state & federal sexual offender database check	
Follow Up Call	

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

## INTEREST IN FRONT OF HOUSE

House Manager (Tickets, Facility Help, Concessions, Post Show Tally)

Down Stager  
(Ticket holders who help with pre-show tickets and ushering)

## INTEREST IN PRODUCTION

<input type="checkbox"/> Director	<input type="checkbox"/> Actor	<input type="checkbox"/> Stage Manager	<input type="checkbox"/> Backstage Crew
<input type="checkbox"/> Set Design	<input type="checkbox"/> Set Building	<input type="checkbox"/> Lighting	<input type="checkbox"/> Sound
<input type="checkbox"/> Props	<input type="checkbox"/> Costumes		

## INTEREST IN ADMINISTRATION

<input type="checkbox"/> Publicity	<input type="checkbox"/> Promotions	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Photography	<input type="checkbox"/> Play Selection	<input type="checkbox"/> OLT Board

## INTEREST IN BUILDING & GROUNDS

<input type="checkbox"/> Gardening (Planting and Maintaining Scrubs, etc)
<input type="checkbox"/> Minor Repairs (Plumbing, Light Fixtures, etc)

## PERSONAL HISTORY

Education or experience in Theatre, if any	Name of School/Theatre	How Long?	Street Address City, State, Zip	Contact Name and Number

**Other Skills that you may feel would be beneficial to Olympia Little Theatre:**

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***May we contact references to discuss your background and fitness to Olympia Little Theatre?  Yes  No***

Please provide the names of two character references that are NOT related to you:

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Time Known \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_ Time Known \_\_\_\_\_

**I will provide identification to the Theatre when I become a Volunteer and understand that the Theatre may check references, sexual offender databases and should an issue be raised, I agree that the Theatre has my permission to perform a criminal background check.**

\_\_\_\_\_  
*Applicant's Signature*

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_  
*Reviewer's Signature*

Printed Name: \_\_\_\_\_

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

**Please return your completed application along with a copy of your photo id to OLYMPIA LITTLE THEATRE, PO BOX 7882, OLYMPIA WA 98507. You may also deliver it to our physical address of 1925 Miller Avenue NE, Olympia, WA 98506. oltadmin@olympialittletheatre.org**