Taproot Theatre Co.

Volunteer Application Form

Volunteer with us!

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ SECONDARY: _____

EMAIL: _____

Have you volunteered at Taproot before? Which show did you start on?

_____

_____

What draws you to volunteer at Taproot?

_____

_____

How did you hear about volunteering opportunities at Taproot?

_____

Do you volunteer at other non-profit organizations? If so, where?

_____

Do you have any physical limitations, or accessibility needs that may restrict your ability to do certain types of work? Please explain, as you feel comfortable.

_____

_____

Please check the days you are most available to volunteer:

	Mon	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Mornings (8:00 AM–12:00PM)						
Afternoons (12:00 PM–5:00PM)						
Evenings (5:00 PM–10:00PM)						