



Volunteer Profile

Please print clearly:

First Name.....Last Name.....

AddressCity/State/Zip.....

Home PhoneCell Phone.....

Email:

Current or previous volunteer experience: _____

Transportation: Walk Bicycle Public Transportation Own Car

Physical Limitations: No Yes

If yes, please explain: _____

Volunteer Interest: *(Read volunteer opportunity description on the Volunteer Opportunities form, then check as many as apply)*

Usher/TicketTaker Bartender

Availability : Preferred Days & Times: _____ Preferred # of Hrs per month: _____

Please check days & times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

In case of emergency, notify:

First Name..... Last Name.....

Address.....

City/State/Zip..... Phone Number(s).....

As a volunteer, I agree to follow all policies and procedures of the Lark Theater.

.....
Signature

.....
(Date)

Mail, fax, scan & email, or drop completed form by the theater at your convenience.

Please note our mailing address is P.O. Box 685, Larkspur, CA 94977

Phone (415) 924-5111 Fax (415) 924-5459