

Volunteer Application Form

Thank you for your interest in volunteering at Auburn Public Theater. Volunteers are essential to helping us create an enjoyable experience for our community. Please complete the form below.

Personal Information

Full Name:		Date of Birth:
Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		
Emergency Contact Name:		
Relationship:		
Phone Number:		
Availability ☐ Monday ☐ Tuesday ☐ V	Vednesday □ Thursc	day □ Friday □ Saturday □ Sunday
Times Available:		
Volunteer Interests Please check areas where	you would like to vol	unteer:
☐ Ushering (greeting guest	s, handing out progra	ams)
☐ Concessions (selling snac	cks and beverages)	
☐ Bartending (shows, even	ts, weddings)	
□ Box Office (ticket sales a	nd reservations)	
□ Cinema (running Tuesda	y and Saturday movi	ies)
□ Backstage Crew (sets, co	ostumes, props)	
☐ Cleaning (general clean	ing, before/after eve	ents)
□ Building Maintenance In	aintina carnentry re	angir)

☐ Marketing/Promotion (distributing flyers, social med	dia)
□ APT Representation Public Events (community table	ing events)
□ Events (night and weekend event support)	
□ Technical Support (lighting, sound, multimedia)	
□ Other:	
Skills and Experience Please describe any relevant skills, theater experience	e, or special talents:
References Please provide two reference (non-family) and a resu	ume if you have one:
Name:	
Phone Number:	
Relationship:	
Name:	
Phone Number:	
Relationship:	
Agreement I certify that the information provided is true and con	nplete to the best of my knowledge.
Signature:	Date: