



# VOLUNTEER FORM



Please complete and return to: Marissa Badzioch-Herron (mbadzioch@mctinc.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: M / F Birth Date: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Time to Call? 9am-1pm....1pm-5pm....5pm-9pm

Home Phone: \_\_\_\_\_ Best Time to Call? 9am-1pm....1pm-5pm....5pm-9pm

Bus. Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Best Time to Call? 9am-1pm....1pm-5pm....5pm-9pm

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**AREAS OF INTEREST**(please circle all that apply and specify\*)

<b>FRONT OF HOUSE:</b>	House Manager	Usher	Box Office	Concessions			
<b>MARKETING:</b>	Mailings	Data Entry	Events	Fundraising	Switchboard		
<b>PERFORMANCE:</b>	Act	Sing*	Dance*	Dialects*	Dance Captain		
<b>ORCHESTRA:</b>	Keyboards*	Brass*	Wind*	String*	Percussion*	Rehearsal Piano	
<b>TECH CREW:</b>	Carpentry	Props	Painting	Scenic Artist	Costumes	Rehearsal Secretary	
<b>PRODUCTION CREW:</b>	Lights*	Sound*	Stage Crew	Stage Manager	Fly Crew	Make-Up	Hair
<b>MISCELLANEOUS:</b>	Sign Language	Teen Arts Group	Housing	Transportation	Cooking/ Serving	Kids Classes	Audition Support

\*Describe Special Skills & Interests: \_\_\_\_\_

\_\_\_\_\_  
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200 N. Adams, Missoula, MT 59802 \* 406-728-1911 \* [www.mctinc.org](http://www.mctinc.org)

Date Entered/By \_\_\_\_\_ CONTACT ID \_\_\_\_\_