



# ONLINE VOLUNTEER FORM

Please complete and email to Greg Boris at [gboris@mctinc.org](mailto:gboris@mctinc.org).



## Contact Information

<b>First and Last Name:</b>		<b>Date:</b>
<b>Email:</b>	<b>Gender (M or F):</b>	<b>Birth Date:</b>
<b>Cell Phone:</b>	<b>Best time to call this number?</b> <input type="checkbox"/> 9 a.m. –1 p.m. <input type="checkbox"/> 1 p.m.–5 p.m. <input type="checkbox"/> 5 p.m.–9 p.m.	
<b>Home Phone:</b>	<b>Best time to call this number?</b> <input type="checkbox"/> 9 a.m. –1 p.m. <input type="checkbox"/> 1 p.m.–5 p.m. <input type="checkbox"/> 5 p.m.–9 p.m.	
<b>Work Phone:</b>	<b>Best time to call this number?</b> <input type="checkbox"/> 9 a.m. –1 p.m. <input type="checkbox"/> 1 p.m.–5 p.m. <input type="checkbox"/> 5 p.m.–9 p.m.	
<b>Address:</b>	<b>City, State, ZIP:</b>	
<b>Emergency Contact:</b>	<b>Relationship:</b>	<b>Phone:</b>

## Areas of Interest—please check all that apply and describe experience below.

<b>Front of House</b>	<input type="checkbox"/> House Manager	<input type="checkbox"/> Usher	<input type="checkbox"/> Box Office	<input type="checkbox"/> Concessions
<b>Marketing</b>	<input type="checkbox"/> Mailings	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Events	<input type="checkbox"/> Fundraising
<b>Performance</b>	<input type="checkbox"/> Act	<input type="checkbox"/> Sing*	<input type="checkbox"/> Dance*	<input type="checkbox"/> Dialects* <input type="checkbox"/> Dance Captain
<b>Orchestra</b>	<input type="checkbox"/> Keyboards*	<input type="checkbox"/> Brass*	<input type="checkbox"/> Wind*	<input type="checkbox"/> String*
	<input type="checkbox"/> Percussion*	<input type="checkbox"/> Rehearsal Piano		
<b>Tech Crew</b>	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Props	<input type="checkbox"/> Painting	<input type="checkbox"/> Scenic Art
	<input type="checkbox"/> Costumes	<input type="checkbox"/> Rehearsal Secretary		
<b>Production Crew</b>	<input type="checkbox"/> Lights	<input type="checkbox"/> Sound	<input type="checkbox"/> Stage Crew	<input type="checkbox"/> Stage Manager
	<input type="checkbox"/> Fly Crew	<input type="checkbox"/> Make-up	<input type="checkbox"/> Hair	
<b>Miscellaneous</b>	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Teen Arts Group	<input type="checkbox"/> Housing	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Cooking/Serving	<input type="checkbox"/> Kids Classes	<input type="checkbox"/> Audition Support	

**\* Describe your special skills and interests:**

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