



Volunteer Questionnaire

Please fill out the following information and return to us at P.O. Box 1449, Dover, DE 19903. Attn: Sandra Conner. We will contact you as soon as possible. Thank you for your interest in volunteering at the Schwartz Center for the Arts.

Date: _____

Name: _____

Address: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Email Address: _____

Age: _____

Emergency Contact Info: _____

Name/Relationship: _____

Phone: (_____) _____

Any physical restrictions? (Ex. Difficulty with stair climbing, seeing in subdued light, standing for prolonged periods of time, difficulty hearing whispered conversations, etc.)

Past Volunteer or related experience: _____

How did you hear of Volunteer Opportunities at the Schwartz Center for the Arts?

Newsletter WBOC School

State News News Journal Dover Post

Honor Society Boy/Girl Scouts Other

The Volunteer Opportunities I am most interested in include:

Usher Ticket Taker Greeter

Backstage Load In/Load Out Box Office

Office Lights & Sound Web-Site

Concession Stand Alcohol Server
(State of DE certification required)

Signature: _____