



VOLUNTEER APPLICATION

Please mail, fax, or email to the **Volunteer Coordinator** at:
TUTS, 2099 Beach Avenue, Vancouver, B.C. V6G 1Z4
Phone: 604 734-1917 Fax: 604 734-1585 Email: volunteers@tuts.ca

First Name	Middle Name	Last Name		
Home Phone	Mobile Phone	Birthday	Email	
Street		City	Province	Postal Code

Have you volunteered at Theatre Under the Stars before? Yes No

If yes, when? _____

Emergency Contact: _____ Phone: _____

I am interested in volunteering in the following area(s):

- ushering coffee bar bar box office ticket taking membership services administration
- assistant stage management backstage crew lighting sound costumes props

Related experience and current job or activities:

Please provide two references and a current copy of your volunteer resume, if possible:

Name: _____ Phone: _____

Name: _____ Phone: _____

In signing and submitting this application:

- 1) I acknowledge this information is true and accurate.
- 2) I authorize Theatre Under the Stars Musical Society (TUTS) to obtain references from the individuals I submit.
- 3) I understand that I am under no obligation to work as a volunteer for TUTS and TUTS is under no obligation to accept my service.
- 4) I grant permission to TUTS to use my likeness for marketing purposes (ie website, program).
- 5) I understand I may receive future communication from TUTS.

Signed: _____ Date: _____

Parent/Guardian signature (if under 18): _____