



# VOLUNTEER REGISTRATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATION: \_\_\_\_\_

EMERGENCY CONTACT'S PHONE: \_\_\_\_\_

**At which of our locations are you willing to volunteer (please circle all that apply)?**

HANOVER TAVERN      WILLOW LAWN      THE NOVEMBER THEATRE

**In which of the following volunteer opportunities are you interested (please circle all that apply)?**

USHERING      PRODUCTION      ADMINISTRATIVE      OTHER \_\_\_\_\_

**If you are interested in ushering, with which of the following assignments are you comfortable (please circle all that apply)?**

TICKET TAKER      AISLE USHER      CONCESSIONS      ELEVATOR MONITOR      BALCONY

In order to better allow us to monitor our downtown parking lot, please list any cars you may drive to your volunteer shifts:

YEAR: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ PLATE (STATE & NUMBER): \_\_\_\_\_

Please list the names (first and last) of any friends or family members who normally volunteer with you:

\_\_\_\_\_  
\_\_\_\_\_

Please list any special circumstances of which you would like us to be aware (medical conditions, holiday observations, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Send completed forms to:** Virginia Rep, 7 1/2 W. Marshall Street, Richmond, VA 23220