



7th STREET THEATRE ASSOCIATION
P.O. Box 777 Hoquiam, WA 98550
www.7thstreettheatre.com
Message: 360-537-7400

VOLUNTEER ENROLLMENT FORM

Mr. _____
Mrs. _____
Ms. _____ (First Name) _____ (M/I) _____ (Last Name)

(Mailing Address) _____ (City) _____ (State) _____ (Zip)

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ Do you drive? _____ Email: _____

Person to contact in case of emergency: _____ Phone# _____

If you are a student, your age please _____ Attending what school _____

What day(s) of the week could you volunteer? _____

What hours? Daytime _____ Evening _____

What is your present (or previous) occupation(s) or volunteer work? _____

PLEASE CHECK YOUR AREA(S) OF SKILL AND/OR INTEREST FOR VOLUNTEERING

ADVERTISING: Media Ads: copy/layout _____ Poster delivery _____

DAY OF EVENT TASKS: Ticket Seller _____ Ticket Taker _____ Usher _____
Popcorn Maker _____ Concessions _____ Clean Up Crew _____
Artist Merchandise sales _____ Misc. Lobby Staff _____

TECHNICIANS: Lighting _____ Projectionist _____ Sound _____ Stage Hand _____

MAINTENANCE: Carpentry _____ Electrical _____ Plumbing _____ Painting _____
Other _____

OTHER: Historian _____ Volunteer Recruitment _____ Data Entry _____
Mailing List _____ Mail preparation _____ Grant Containment _____

VOLUNTEER'S SIGNATURE _____ DATE _____