



VOLUNTEER APPLICATION

Please Print

Today's Date: _____

First Name: _____ Last Name: _____

Email: _____

Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Please tell us what volunteer opportunities you are interested in:

(Must be able to stand for long periods of time)

Usher, greeter, ticket taker at Symphony Hall

Usher, greeter, ticket taker at CityStage

Please select the days and times of the week you are available:

Days: ___ *Mon.* ___ *Tue.* ___ *Wed.* ___ *Thur.* ___ *Fri.* ___ *Sat.* ___ *Sun.*

Times: ___ *Morning* ___ *Afternoon* ___ *Night*

Please return this from to CityStage & Symphony Hall, attention Amanda Spear-Purchase, to One Columbus Center, Springfield MA 01103, by fax at 413.737.7646 or by email

aspear@citystage.symphonyhall.com

Questions can be sent to email above or call Amanda at 413.788.7646 ext.116