

Name:	Age:	Date:
Address:	City:	State: Zip:
Daytime Phone Number:		
Evening Phone Number:		
Email Address (Required):		
In case of emergency, contact:		

Please indicate which area of service you wish to participate:

<input type="checkbox"/> Administration	<input type="checkbox"/> Hospitality/Events
<input type="checkbox"/> Annual Gala	<input type="checkbox"/> Raffle
<input type="checkbox"/> Artistic Learning	<input type="checkbox"/> Ushering

If you would like to usher, please indicate the dates you wish to usher:

<i>Pericles:</i>	<i>Ideal Husband:</i>
1st choice:	1st choice:
2nd choice:	2nd choice:
3rd choice:	3rd choice:
<i>Uncle Vanya:</i>	<i>Twelfth Night:</i>
1st choice:	1st choice:
2nd choice:	2nd choice:
3rd choice:	3rd choice:

Please indicate any tasks you are unable to perform:

On the reverse side of this form, please briefly answer the following questions:

1. Why do you wish to volunteer for California Shakespeare Theater?
2. What is your previous volunteer experience?
3. What special skills or hobbies do you have?

Please return this form to:
Address: 701 Heinz Avenue, Berkeley, CA. 94710
Fax: 510.843.9921
Email: info@calshakes.org

Questions:
Phone: 510.548.3422 ext 101