

ODDFELLOWS PLAYHOUSE

VOLUNTEER APPLICATION FORM



Promoting the Growth of Young People Through the Performing Arts

128 Washington Street | Middletown CT 06457 | 860-347-6143 | www.oddfellows.org

First Name: _____ Last Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Phone Number: _____

Email Address: _____

Please mark what volunteer area(s) are you interested in?

- Front of House includes: Box Office, Concessions, Ushering
- Special Events includes: Event planning, fundraisers, parents night, share day
- Build Crew includes working with the Technical Director building sets (involves carpentry, tools and must be able to lift 50 pounds), helping at strike, painting, etc.

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Phone Number: _____ Relationship: _____

Thank you for your interest in volunteering at Oddfellows Playhouse. We look forward to working with you.

SIGNATURE DATE

If applicant is under 18 years old:

PARENT/GUARDIAN SIGNATURE DATE

PLEASE RETURN THIS FORM TO:

Volunteer Opportunities
Oddfellows Playhouse
128 Washington St.
Middletown, CT 06457

FOR OFFICE USE ONLY:

Date Received	Entered	Response Back

You can also fax it to: (860) 347-6143 or email it to: Volunteer@oddfellows.org