

CHM Bible Theatre Productions, Inc. Audition/Volunteer Form for Summer Arts & Theater Programs

Name:
Employer:
DOB: Age:
Address:
Email:
Cell/Home:
Emergency Contact:
Church Affiliation:
Religion:
Race/Ethnicity:
Program Area of Interest:
Years of experience:
Name (s) of Theater Work:
Highest Level of Education/Diploma or Degree:
Student? Teacher? TA? Other?
If yes, where?
Are you able to volunteer throughout the duration of the program?
Where have you volunteered with kids before and for how long?
What do you hope to gain through volunteering in our nonprofit arts organization?
Is there a specific area or age group you would like to work with?
What are your expertise?
Would you like to audition for any of our adult plays?
Classes and rehearsals will usually convene during the week and Saturday. What is your availability?
Will you permit us to use photos of yourself if taken during productions, rehearsals, classes for marketing purposes?
How did you hear about us?
Any additional information you would like to share about your expertise or abilities to help?
Signature _____ Date: _____

Assigned Role _____

****Office use only****