

CHM Bible Theatre Productions, Inc.
Audition/Volunteer Form
For ACTORS/ACTRESSES OF ALL AGES

Parent/Guardian Name:

Employer if applicable :

Child's Name:

DOB:

Age:

Address:

Email:

Cell/Home:

Emergency Contact:

Church Affiliation:

Religion:

Thoughts About the Bible:

Race/Ethnicity:

Program Area of Interest:

Years of experience in the Arts/Acting:

Name (s) of Theater Work or Show you Performed in and where:

Highest Level of Education/Diploma or Degree:

Student?

Teacher?

TA?

Other?

Are you able to attend most rehearsals?

What do you hope to gain by being a part of CHM Bible and Inspirational Plays?

Would you be interested in volunteering with us? _____ If so, what area?

What are your expertise and talents?

Would you like to help assist the director or help with the kid plays?

Auditions/rehearsals will convene on some Saturdays between 1-4pm and some weekdays.

What days/times are you available?

Will you permit us to use photos of yourself or youth if taken during productions, rehearsals, classes for marketing purposes?

How did you hear about us?

Signature X _____ Date: _____

Assigned Role (s) _____

*****Office use only*****