



Volunteer Registration Form

Personal Data

Name: Address: City: Zip: Phone: E-mail: D.O.B.:

Volunteer Information

Have you done any previous volunteer work? Please describe the kinds of projects and assignments you have worked on and for what organizations.

Do you know a foreign language? If yes, please indicate your level of facility in that language.

Volunteering Preferences (check all that apply)

Office Mailings Ushering Events Other (please specify):

With what frequency would you like to volunteer (check all that apply)

Routine Scheduled On-Call

Indicate the days and times you are available:

Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Day/Evening Day/Evening Day/Evening Day/Evening Day/Evening Day/Evening Day/Evening

SF Performances Affiliation

How did you hear about our volunteer program? Are you a current or former subscriber? Yes No If so, for what series?

Emergency Contact

Name: Phone:

Additional Information/Comments:

Blank lines for additional information or comments.

Signature: Date:

Please return via

mail: Volunteer Registration San Francisco Performances 500 Sutter Street, Suite 710 San Francisco, CA 94102 fax: 415.398.6439 email: education@sfperformances.org