

## Volunteer Application

Please	Print Clearly:					
Date:	Date:Name:					
Addre	ess Info:					
City:		State:	Zip:			
Email Address:Emergency Contact:						
	answer the following questions:					
	Are you able to stand for extende	ed periods of time?		YES	NO	
	2. Are you able to lift boxes of programs (approx. 20 lbs.)?			YES	NO	
	3. Are you willing to follow a dress code?			YES	NO	
	Are you 18 years of age or older?			YES	NO	
	Are you able to participate in our		olan?	YES	NO	
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	check volunteer positions you are					
Usher _	Docent 0	Office Volunteer/Intern				
ALL						
Please	list any relevant experience you r	may have:				
	check all days and times that you					
Weekd	·	Afternoons				
Weeke	nds:Mornings	Afternoons	Evenin	gs		
	note that in order to participate in tion with our House Manager.	our volunteer program y	ou MUST atte	end a shor	t	
Applicar	nt's Signature		Date			
Parent's Signature (Required for applicant's under 18 years of age)			Date			
Parent's	Phone	Parent's Address				

Thank you for applying to the Lobero's usher program!

Please return your completed application to:

Lobero Theatre

33 E. Canon Perdido St.

Santa Barbara, CA 93101

For more information please call (805) 966-4946