

## **Volunteer Service Application**

Name:							
Florida Address:				Other Add	dress:		
City	State	ZIP		City		State	ZIP
Phone:				Phone:			
Dates:				Dates:			
Email:							
Please List Special Ski	lls:						
How familiar are you with Microsoft Office?				None	Some	Very	
Other computer prog	rams you are	e familiar wi	th:				
Days and Times Preferred:			Number of hours per week you're available				
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9:00am - 11:00am		7 D					
11:00am - 2:00pm							
2:00pm - 5:00pm							
5:00pm - 8:00pm							
8:00pm - 11:00pm							
Other Volunteer Expe	erience (plea	se list orgar	nization, ro	ole, and date	es)		
Volunteer and Person	al Reference	es					
<b>Volunteer and Person</b> Name	al Reference	Phone			Relations	hip	

## Indicate the Areas of Volunteer Service that Interest You

Administ	rative						
	General Filing/Archivin	g					
	Mailings						
Develop	ment						
	Opera Club (2nd Floor	)					
Front of							
	Usher (requires ushering rental events as well as Sarasota Opera performances)						
Marketi	ng Ambassador (distribu	ting materials and promoting Saras	ota Opera)				
	Manatee County						
	Central Sarasota						
	South Sarasota						
	Pinellas County						
Product	ion						
	Driver						
	Costume Shop						
Youth C	)pera**						
	Youth Opera Assistan	t					
	will be volunteering to w	ork with children, Sarasota Opera ma	y be required to conduct				
a backg	round check.						
			-				
Signatur	e		Date				
Please return this form to:		Sarasota Opera	Phone: 941-366-8450				
		Jo Ann Whitehead	Fax: 941-955-5571				
		61 N. Pineapple Avenue Sarasota, FL 34236	jwhitehead@sarasotaopera.org				
	ce Use Only:						
Received		Referred to:					
Interviev	V	Assigned:					