



Volunteer Service Application

Name: _____

Florida Address: _____

Other Address: _____

City State ZIP

City State ZIP

Phone: _____

Phone: _____

Dates: _____

Dates: _____

Email: _____

Please List Special Skills: _____

How familiar are you with Microsoft Office? None Some Very

Other computer programs you are familiar with: _____

Days and Times Preferred: Number of hours per week you're available _____

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9:00am - 11:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00am - 2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00pm - 5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00pm - 8:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00pm - 11:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Volunteer Experience (please list organization, role, and dates)

Volunteer and Personal References

Name Phone Relationship

Indicate the Areas of Volunteer Service that Interest You

Administrative

- General Filing/Archiving
- Mailings

Development

- Opera Club (2nd Floor)

Front of House:

- Usher (requires ushering rental events as well as Sarasota Opera performances)

Marketing Ambassador (distributing materials and promoting Sarasota Opera)

- Manatee County
- Central Sarasota
- South Sarasota
- Pinellas County

Production

- Driver
- Costume Shop

Youth Opera**

- Youth Opera Assistant

**As you will be volunteering to work with children, Sarasota Opera may be required to conduct a background check.

Signature

Date

Please return this form to:

**Sarasota Opera
Jo Ann Whitehead
61 N. Pineapple Avenue
Sarasota, FL 34236**

**Phone: 941-366-8450
Fax: 941-955-5571
jwhitehead@sarasotaopera.org**

For Office Use Only:

Received _____
Interview _____

Referred to: _____
Assigned: _____