

Muskegon Civic Theatre
Volunteer Form

Mail to:
Muskegon Civic Theatre
425 W. Western Ave. Suite 401
Muskegon, MI 49441

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

I am interested in the following positions: (check all that apply)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Costumes | <input type="checkbox"/> Asst. Director |
| <input type="checkbox"/> Set Construction | <input type="checkbox"/> Stagehands | <input type="checkbox"/> Scenery Painting |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Lighting | <input type="checkbox"/> Sound |
| <input type="checkbox"/> Props | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Usher |

- Time commitment:
- 1 – 2 hours
 - 2 – 4 hours
 - 4 – 6 hours
 - 6 + hours

Please list any special interests/skills you have:
