



VOLUNTEER APPLICATION

Please return to:
 Macomb Ballet Company
 Volunteer Department
 40790 Garfield Rd.
 Clinton Township, MI 48038
 586.946.4622 or info@macombballet.org

Contact Information

Full Name:	
Address:	
Home Phone:	Business Phone:
Alternate Phone:	
Email:	
Your name as you would like it to appear in <i>Program</i> :	

Availability

Check a box for any time period(s) in the day(s) you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						
Evenings						

Are there any physical conditions we should consider in arranging volunteer assignments for you? (please circle one)	Yes	or	No
If "Yes", please explain:			

Area(s) of Interest

Check a box for each area that you would be interested in volunteering:

Costumes	Events	Props/Set Design	Marketing/Press	Fundraising

continued on back of page

Emergency Contact Information

Name:	Relationship:
Home Phone:	Work Phone:

Employment

(please attach current résumé, if available)

Occupation	<i>(please circle one)</i> Past or Present	
Volunteer Experience	Past or Present	
Hobbies, Interests, Skills		
Special Training, Certification		
Why do you want to volunteer for MBC?		

Have you ever been convicted of a felony? If yes, explain charge: Yes or No

Are you related to any member past or present of the Macomb Ballet Company? If Yes, who? Yes or No

References (please list two)

	Name	Telephone	Title/Relationship
1			
2			

I understand that I am not an employee of Macomb Ballet Company, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by Macomb Ballet Company for my assigned work duties. I understand and agree that either I or Macomb Ballet Company may terminate the volunteer relationship at any time for any reason.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

Signature: _____

Date: _____