



# Volunteer Application



Real Name: (first, middle, last)	
Stage Name:	
Address: (street, city, zip)	
Best phone #:	
e-mail:	
Emergency Contact:(name)	
Emergency Contact #:	

### Placement Information

Why are you interested in becoming a Burlesque Hall of Fame Weekend volunteer?

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What organization(s) do you belong to?

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List any past/present volunteer experiences.

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I prefer to (please check all that apply):

Work with the public     Work on an individual project     Work on technology projects

I am available to volunteer:  Days     Evenings

Preferred shift(s): \_\_\_\_\_

Do you have any physical or other issues that might limit you activities? If so, please explain.: \_\_\_\_\_

Check all area(s) of service that interest you:

Floating Volunteer     Legends Escort     Museum Assistant     Rehearsal Assistant  
 Setup/Door Assistant     Setup Volunteer     Stage Kitten     Vendor Area Assistant

Please e-mail application by **May 1, 2013** to volunteer coordinator at: **Volunteer Coordinator**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_