

# VOLUNTEER and STIPEND PAID

APPLICATION TO WORK FOR:

[Chesapeake Bay Floating Theatre, Inc](#)

Print, Fill Out and fax to 301-743-5704 or

Mail to CBFT, Inc, PO Box 1098, Indian Head, MD 20640 (Please Print)

our email is [info@floatingtheatre.org](mailto:info@floatingtheatre.org)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

I am interested in participating with one or more of the volunteer opportunities checked:

MENTORING CHILDREN in AFTER SCHOOL THEATRE PROGRAM (The Stage Training Apprentice Mentor Program (STAMP) pays a small stipend paid)

THEATRE TECH WORK

BOX OFFICE USHER

GRANT WRITING

FUND RAISING

EVENT PLANNING

OFFICE ADMIN

I have these skills and experience that may be helpful to selected team(s) attach additional sheet or resume if necessary:

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Age \_\_\_\_\_ (if under 18)

Social Security number \_\_\_\_\_ (must supply SS# if you are receiving a stipend for your work as a STAMP mentor)

Available Evenings? Yes \_\_\_\_\_ No \_\_\_\_\_ (Except M T W Th F ?)

Available weekends? Yes \_\_\_\_\_ No \_\_\_\_\_ (Except Sat Sun ?)

Own Tools? \_\_\_\_\_ Computer? \_\_\_\_\_ Truck? \_\_\_\_\_

Name of Parent/Legal Guardian (if under 18)

\_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Transport by ambulance to: \_\_\_\_\_

Permission for immediate care: \_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_

(Volunteer or Parent/Legal Guardian Signature) (Date)

Allergies: \_\_\_\_\_

"I hereby release Chesapeake Bay Floating Theatre, Inc of any liability from injuries incurred while volunteering."

\_\_\_\_\_

(Signature of Volunteer or Parent/Legal Guardian if under 18) (Date)

I am interested in being on your mailing list for shows/events (check here)\_\_\_\_\_