

**Mail:**

Hylton Performing Arts Center  
Attn: House Manager  
10900 University Blvd MSN 5D2  
Manassas, VA 20110

**E-mail:**

mmajeske@gmu.edu

**Fax:**

703-993-7707  
Attn: House Manager

## Volunteer Application

*Thank you for your interest in volunteering at Hylton Performing Arts Center. In order for us to better identify your skills and interests, we would like for you to provide us with the following information.*

**PERSONAL INFORMATION**

Mr.  Mrs.  Miss  Dr.  Other (please specify) \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI (if applicable): \_\_\_\_\_

Nickname: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**HYLTON VOLUNTEER OPPORTUNITIES:** *Check those areas that are of interest to you:*

Usher  Community Outreach  Administrative Support

Are you willing to volunteer at the Hylton Center for at least 8 months?  Yes  No

If you answered no, please explain: \_\_\_\_\_

Language(s) You Speak: \_\_\_\_\_ Fluently?  Yes  No  
*(other than English)*

\_\_\_\_\_ Fluently?  Yes  No

\_\_\_\_\_ Fluently?  Yes  No

Do you have any Emergency Training:  Yes  No

If Yes, please check those that apply:  EMT  CPR  Basic First Aid

Are your certifications/licenses current:  Yes  No

And/or provide other emergency training: \_\_\_\_\_

Other Volunteer Experience [organization(s), position(s), date(s) of service]: \_\_\_\_\_

Additional Skills you believe to be pertinent to this Volunteer Application: \_\_\_\_\_

\_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY:** *Please check days and times that you are available to volunteer:*

	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**HOW DID YOU FIND US?** *How/where you heard about Volunteering at the Hylton Center:*

Advertisement     Website     Employee     Friend or Volunteer

Season Brochure     Other Hylton Center marketing material

Other (*please specify*) \_\_\_\_\_

If you would like to include information in addition to that requested above, please do so by attaching a resume or letter to this application.

Disclaimer: The information supplied by me in this application, and attached resume [if any], is true to the best of my knowledge. I also understand that securing a volunteer position is dependent upon a mutual understanding between me and representative of The Hylton Performing Arts Center. Interview and other evaluation methods may be applied as part of the evaluation process.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Minor:** \_\_\_\_\_

**Minor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Minor's Parent/Legal Guardian Signature:** \_\_\_\_\_  
(*if Minor is under the age of 18*)