



Alberta Bair Theater
for the performing arts

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ email address: _____

*Experience: (Not required but if you'd like to share, please do so.) _____

*Are there any areas in the theater you cannot work? (i.e., stairs, dim light, etc.)

*Rate your volunteer interest with (1) being the highest, (2) second and so on.

_____ Student Matinees

_____ Filing/Office

_____ Night Shows

_____ Concessions

_____ Computer/Office

_____ Housekeeping/cleaning

_____ Other

Please return to:

Alberta Bair Theater

Lisa Posada-Griffin, House Manager/Volunteer Coordinator

PO Box 1556 • Billings, MT 59103

406-294-5204