Volunteer Application

Name: ____________________________________________

Address: ________________________________________

City: ___________________________ State: _____________ Zip: _____________

Home Phone: _______________________ Cell Phone: _______________________

Date of Birth: _______________ Email Address: ____________________________

Related Customer Experience: _____________________________________________

________________________________________________________________________

________________________________________________________________________

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 – 9:30am, 12:30pm

☐ Filing/Office

☐ Night Shows

☐ Concessions – able to lift 20 lbs.

☐ Computer/Office

☐ Other

Please return to: Alberta Bair Theater
House Manager/Volunteer Coordinator
PO Box 1556 • Billings, MT 59103
406-294-5204