



Charlotte Performing Arts Center Volunteer Application

Contact Information

Name _____
Street Address _____
City, ST ZIP _____
Home Phone _____
Work Phone _____
E-mail Address _____

Availability

_____ Weekday Mornings _____ Weekend Mornings
_____ Weekday Afternoons _____ Weekend Afternoons
_____ Weekday Evenings _____ Weekend Evenings

Interests

Tell us in which areas you are interested in volunteering

___ Ticket Sales / Box Office
___ Ushering
___ Fundraising
___ Technical
___ General Office
___ Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____
Signature _____
Date _____

It is the policy of the Charlotte Public Schools to provide equal opportunities without regard to race, color, religion, national origin, gender, age or disability.