



GLOVE THEATRE VOLUNTEER FORM

Thank you for your interest in volunteering at the Glove Theatre!

Name _____ Phone Number _____

Home Address

E-Mail Address

I have these awesome skills to offer as a volunteer:

I am interested in volunteer in the following area(s):

Circle your choices

Box Office Ticket Collection/Program Handout Concession Usher

Cleaning/Organizing Building/Maintenance

Joining a Committee — choose one:

Marketing Production Fund-Raising Finance Building

Volunteer Coordination

What makes you want to volunteer at the Glove Theatre?

Return to:

theglovetheatre@gmail.com

OR

The Glove Theatre

PO Box 566

Gloversville, NY 12078