

Volunteer Registration Form



YOUR PRIVACY: Your personal information will be held in confidence and will be used only by TotoToo Theatre for the purpose of determining the best volunteer placement for you and as a means of contacting you.

Contact Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Street & No.	<input type="text"/>	Home Phone:	<input type="text"/>
City/Town	<input type="text"/>	Cell Phone	<input type="text"/>
Postal Code:	<input type="text"/>	Email:	<input type="text"/>

Your Availability

Sunday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>
Monday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>
Tuesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>
Wednesday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>
Thursday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>
Friday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>
Saturday	Morning <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Evening <input type="checkbox"/>	Any Time <input type="checkbox"/>

Your Interests

Direction <input type="checkbox"/>	Stage Management <input type="checkbox"/>	Costumes <input type="checkbox"/>
Acting <input type="checkbox"/>	Hair <input type="checkbox"/>	Dresser <input type="checkbox"/>
Lighting <input type="checkbox"/>	Make-up <input type="checkbox"/>	Front of House <input type="checkbox"/>
Sound <input type="checkbox"/>	Set Design <input type="checkbox"/>	Promotion <input type="checkbox"/>
Properties <input type="checkbox"/>	Set Construction <input type="checkbox"/>	Photography <input type="checkbox"/>
Other <input type="text"/>	Please Specify <input type="text"/>	

Submit