



# HYLTON PERFORMING ARTSCENTER

10900 University Blvd., MS 5D2  
Manassas, VA 20110  
Fax #703-993-7707  
mmajeske@gmu.edu

## Volunteer Application

Thank you for your interest in volunteering at Hylton Performing Arts Center. In order for us to better identify your skills and interests, we would like for you to provide us with the following information.

### PERSONAL INFORMATION

Mr. / Mrs. / Miss / Mr. / Dr. / Other (specify) \_\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

Nickname \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**HYLTON VOLUNTEER OPPORTUNITIES:** Check those areas that are of interest to you.

\_\_\_\_\_ Usher

\_\_\_\_\_ Office Assistant

\_\_\_\_\_ Visitor Programs – Docent

\_\_\_\_\_ Development Program – Fundraising Assistance

\_\_\_\_\_ Community Outreach

Are you willing to volunteer at the Hylton Center for at least 6 months? YES / NO

If no, please explain: \_\_\_\_\_

Foreign languages spoken: \_\_\_\_\_ Fluently? YES / NO

Do you have any emergency training? YES / NO

If yes, please provide details: \_\_\_\_\_

Other volunteer experience: (organization, position, dates)

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Skills:

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Interest / Hobbies:

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**AVAILABILITY:**

Please check days and times that you are available to volunteer:

	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Afternoon							
Evening							

**EMERGENCY CONTACT:**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**HOW DID YOU FIND US?**

<b>Where did you hear about volunteering at The Hylton Performing Arts Center?</b>			
Advertisement _____	Website _____	Employee _____	Season Brochure _____
Friend or Volunteer _____		Other _____	

If you would like to include information in addition to that requested above, please do so by attaching a resume or letter to this application.

Disclaimer: The information supplied by me in this application, and attached resume [if any], is true to the best of my knowledge. I also understand that securing a volunteer position is dependent upon a mutual understanding between me and representative of The Hylton Performing Arts Center. Interview and other evaluation methods may be applied as part of the evaluation process.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent or legal guardian signature (if under 18) Date \_\_\_\_\_