



AMERICAN BALLET THEATRE
VOLUNTEER APPLICATION

Please return to:
American Ballet Theatre
Membership Department
890 Broadway, 3rd Floor
New York, NY 10003
[212.477.3030, ext. 3218 or membership@abt.org]

Contact Information

Name:	
Address:	
Home Phone:	Business Phone:
Alternate Phone:	
Email:	
Your name as you would like it to appear in <i>Playbill</i> :	

Availability

Check a box for any time period(s) in the day(s) you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings						
Afternoons						
Evenings <i>(events/merchandise only)</i>						

Are there any physical conditions we should consider in arranging volunteer assignments for you? (please circle one)	Yes	or	No
If "Yes", please explain:			

Area(s) of Interest

Check a box for each area that you would be interested in volunteering:

Education	Events	General Administration	Marketing/Press	Merchandise

continued on next page

Emergency Contact Information

Name:	Relationship:
Home Phone:	Work Phone:

Employment

(please attach current résumé, if available)

Occupation	<i>(please circle one)</i> Past or Present	
Volunteer Experience	Past or Present	
Hobbies, Interests, Skills		
Special Training, Certification		
Why do you want to volunteer for ABT?		

Education

	Location (City, State, Country)	Major & Degree
High School		
Undergraduate Study		
Graduate Study		

References (please list two)

	Name	Telephone	Title/Relationship
1			
2			

I understand that I am not an employee of American Ballet Theatre, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by American Ballet Theatre for my assigned work duties. I understand and agree that either I or American Ballet Theatre may terminate the volunteer relationship at any time for any reason.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

Signature: _____

Date: _____