



LuCille Tack
Center
for the
ARTS

Volunteer Application Form

Applications may be returned to:

LuCille Tack Center for the Arts

PO Box 337 • 300 N School Street, Spencer WI 54479

715.659.4499 • info@lucilletackcenter.com

www.lucilletackcenter.com

The LTCA is a 501 (c)(3) charitable organization

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ BIRTHDATE Month/Day ____/____

EMERGENCY CONTACT _____ PHONE _____

Were you referred by, or are you friends with, a current or past LTCA Volunteer?

Yes No If yes, who? _____

Do you have any physical conditions that would limit your ability to perform certain tasks or duties? Yes No If yes, please explain.

Indicate the days and times you're **typically available**, OR mark FLEXIBLE, if you have no set schedule. Flexible ☺

- Monday Hours _____ - _____
- Tuesday Hours _____ - _____
- Wednesday Hours _____ - _____
- Thursday Hours _____ - _____
- Friday Hours _____ - _____
- Saturday Hours _____ - _____
- Sunday Hours _____ - _____

In what area(s) do you believe your CURRENT skills are best suited? Check all that apply.

- Front of House (Ushers)
- Backstage/Technical
- Gallery
- Performer Hospitality
- Intermission
- Box Office
- Other _____

Do you have any special skills you feel would be useful to the LTCA? Please describe.

Are you interested in learning a NEW skill in which you could volunteer your time? If so, please describe.

How did you hear about LTCA Volunteer opportunities? _____

**Most volunteers must be at least 16 years of age at the beginning of service.
Backstage/technical volunteers must be at least 18 years of age.**

Thank you for your interest in at the LuCille Tack Center for the Arts. Please consult with your physician to ensure you are in good enough physical health to perform various volunteer duties. We will depend on you to speak up if asked to do a task you are not physically able to safely accomplish. It is also important that you learn, and follow, the rules, procedures and instructions of LTCA staff and lead volunteers.

Signature _____ Date _____

Print Name _____

Your assistance as an LTCA Volunteer greatly benefits our organization, youth, Arts enthusiasts and our greater central Wisconsin community. On behalf of all, we thank you for your willingness to serve in your chosen capacity.