



THE PORT THEATRE VOLUNTEER INTEREST QUESTIONNAIRE

This questionnaire is provided so we can get the first part of getting to know you underway. We want our relationship to work, and the information you tell us will help us do our part. This questionnaire is confidential and will be used by the Port Theatre staff only. Only give us the details that you are comfortable giving.

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____ Postal Code: _____

PHONE – Home: _____ Cell: _____

E-MAIL: _____

CURRENT PORT THEATRE MEMBERSHIP: (check if yes)

We encourage all of our volunteers to be members of The Port Theatre Society

Please tell us a bit about yourself:

What skills or abilities will you bring to The Port Theatre as a volunteer? Such as; experience working with cash, stamina to be on your feet for long periods of time, artistic expression, enthusiasm or the ability to see in the dark.

Some of the volunteer positions at The Port Theatre will be physically demanding. It is important to identify both your physical potential and limits. Please list any other relevant issues that you feel may affect your comfort on performing your duties while volunteering with us?

Please indicate which area(s) you are interested in:

Ushering

Stairs & in the dark

Door Monitors
Ticket Checker

Seat Assistance

Audience Services

Handling Cash

Coat Check
Merchandiser
Bar Assistant

Coffee Station

What time are you available to volunteer? Please include the hours you would be available.

M-F mornings

Sat-Sun mornings

M-F days

Sat- Sun days

M-F nights

Sat-Sun nights

- ❖ The Port Theatre requires all volunteers to participate in an orientation session. You will be called with the next available date.

Please indicate how you heard about the volunteer program at the Port Theatre.

Thanks for your interest and taking the time to fill out this questionnaire.

(Please turn this back in at our office which is open Mon to Fri – 9am to 5pm)