

The Colonial Theatre Volunteer Program Contact Information

Please print legibly

Name _____ under 18 yrs D.O.B. _____

Address _____

Home Phone _____ Work _____

E-Mail _____

Place a mark next to the **BEST** way to be in touch.

Type of volunteer program (check each which apply)

_____ Usher

_____ Office Assistant

_____ Community support assistance

_____ Facility maintenance

What prompted you to volunteer here? _____

How did you hear about our volunteer program? _____

We will be in touch to provide orientation s soon as possible.

If you have any questions, you may contact:

Georgia Fletcher, House Manager
(603) 357-1233 ext. 108, Please leave message or
e-mail georgianjim@ellicott.net

Signature

Date

Please return completed application to the Box Office or mail it to:
The Colonial Theatre, 95 Main Street Keene, NH 03431 attn: House Manager

4/2007