VOLUNTEER APPLICATION Diamond Head Theatre 520 Makapuu Avenue Honolulu, Hawaii 96816

Thank you for your interest in volunteering at DHT. Please **type or clearly print** the information requested below and return it to our box office at the above address or email it to volunteer@diamondheadtheatre.com. If you have any questions, please contact our Volunteer Voice Mail at 733-0277, ext 312.

Date	Age (if under 18)			
Name				
Last	First		Middle	
Home Address				
	Street		Apartment #	_
City	, S	State	Zip	_
Area(s) of Interest				
During Show Perf		During Days:		
O Box Office		O Scene Shop		
O Beverage BarO Canteen	O Crew	O Garden		
Email Address				
Home Phone	Work Phone	Occupat	ion	
Emergency Conta	ct/Relationship		Phone	
Place of		Days/Hours		
Employment		Available		
Past Experience in	areas of interest:			
Have you voluntee	red for DHT in the past; if	so when, for how long,	and in what areas?	
What other volunte	er work do you do, and wit	th whom?		
	ox office coordinator			
\cup Copy to Willie (scene shop/crew only)			

O Follow up email/call made on for scene shop/crew/garden (2weeks after receiving

application)