



Volunteer Registration Form
(Please print or type.)

The information on this form will help us find the most rewarding volunteer project for you. Your cooperation is most appreciated.

Personal Data

Name: _____
 Address: _____ City: _____ Zip: _____
 Phone 1: _____ Phone 2: _____
 E-mail: _____ Date of birth: _____

[Please indicate with an asterisk your preferred method of communication.]

Education & Professional/Personal Affiliations

High School: _____
 College: _____
 Graduate School: _____
 Professional/Personal affiliations: _____

Employment Current:___ Retired:___ Student:___

Company/School name: _____
 Address: _____
 Position held/major responsibilities: _____

Volunteer Information

Have you done any previous volunteer work? Please describe the kinds of projects and assignments you have worked on and for what organizations. _____

Our volunteers are offered a variety of assignments, including administrative support, special events staffing, and patron services. Do you have any knowledge or experience in the following?

Research Editing/Proofreading Typing/Clerical Website design/processing
 Photography Art/Design Calligraphy
 Computers (programs: _____)

Other: _____

Do you know a foreign language? If yes, please indicate the language and your level of facility in that language.

Volunteering Preferences (check all that apply)

Office Mailings Ushering Events Other (please specify):

Availability

With what frequency would you like to volunteer (check all that apply)

Routine Scheduled On-Call

Circle the days and times you are available:

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Day/Evening	Day/Evening	Day/Evening	Day/Evening	Day/Evening	Day/Evening	Day/Evening

Special Interests

- Music
 - Chamber
 - Instrumental
 - Vocal
 - Jazz
- Contemporary dance
- Education
- Community Involvement
- Other

SFP Affiliation

How did you hear about our volunteer program? _____

Are you a current or former subscriber? Yes No

If so, for what series? _____

Emergency Contact

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Signature: _____ Date: _____

Additional Information/Comments:

Please return via

mail: Volunteer Registration
San Francisco Performances
500 Sutter Street, Suite 710
San Francisco, CA 94102

fax: 415.398.6439

email: education@performances.org