



Clark State Performing Arts Center

Volunteer Application

(Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Birthday (day/month): _____

Email: _____

If referred by a current volunteer, what is their first and last name? _____

AREAS OF INTEREST (check all that apply)

- Usher
- Greeter
- Ticket Scanner
- Coat Check
- Merchandise

Volunteers must be at least 18 years of age. Once we receive your volunteer application, we will contact you to schedule your volunteer orientation session. Orientations occur twice per year.

Signature: _____ Date: _____

Please mail your completed volunteer application to:

Clark State Performing Arts Center
Volunteer Office
300 S. Fountain Avenue
Springfield, OH 45506