

\*\*\*VOLUNTEER APPLICATION\*\*\*

Civic Light Opera of South Bay Cities

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Please print, complete, and mail or fax this form to:

John Swaffield  
CLOSBC Concession Manager  
6145 Falcon Ave  
Long Beach, CA 90805

FAX: (562) 423-2684 M-F 8am – 5pm

Your Name \_\_\_\_\_  
(Mr./Mrs./Ms)

Address \_\_\_\_\_ (Apt. #)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) ( ) ( ) \_\_\_\_\_.

E-mail address \_\_\_\_\_

Occupation \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the most convenient time to contact you

Days \_\_\_\_\_ Times \_\_\_\_\_

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How did you hear about us?

- ADVERTISEMENT
- REFERRED BY FRIEND/VOLUNTEER
- VOLUNTEER
- OTHER (please explain) \_\_\_\_\_

Please list name, phone numbers and affiliations of other Civic Light Opera volunteers or staff whom you know.

NAME \_\_\_\_\_ AFFILIATION \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ AFFILIATION \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ AFFILIATION \_\_\_\_\_ PHONE \_\_\_\_\_

INFORMATION

Do you currently belong to any other Volunteer Groups? Please list.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a CLOSBC Season Subscriber or do you attend selected Performances at the Civic Light Opera?

Series : \_\_\_\_\_       Performances : \_\_\_\_\_

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Why are you interested in becoming a Volunteer at the Civic Light Opera?

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For concessions, please mark which performances you would be interested in volunteering.

- Tuesday-Friday 8pm       Saturday 2pm       Saturday 8pm  
 Sunday 2pm       Sunday 7pm

PREVIOUS THEATER VOLUNTEER EXPERIENCE \_\_\_\_\_

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QUALIFICATIONS:

- 1) Must be able to stand for at least 30-45 minutes.
- 2) Must be able to stand and hold 5-10 lbs of weight.