

16th Century Inc. Volunteer Application

PERSONAL INFORMATION

Last Name:	First Name:	First Name:				
Address:		APT#				
City:	State:	Zip:				
Phone:	Cell Phone:					
E-mail address:						
EXPERIENCE						
Employer:	Title:					
Address:						
City:	State:	Zip:				
ACTIVITIES Please select the following activities that	t interest you:					
Theater/Acting workshops	Socials (Picnio	Socials (Picnics, Pub Sings, etc.)				
Dance workshops	Renaissance F	Renaissance Faires				
History workshops	Renaissance-t	Renaissance-themed events				
Other (please specify):						



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SKILLS

List any relevant skills in the space provided:

AVAILABILITY

Please indicate the hours you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
(8 a.m. – noon)							
Afternoon							
(12 p.m. – 4 p.m.)							
Evening							
(4 p.m. – 8 p.m.)							
Night							
(8 p.m. – midnight)							

How did you hear about us?		
Website:	_ Friend/Family	
Print advertisement	Other:	
Newsletter		
Signature:	Date:	