



Saratoga Performing Arts Center

Saratoga Performing Arts Center Volunteer Application

Please print and mail or fax to:
Saratoga Performing Arts Center
108 Avenue of The Pines
Saratoga Springs, NY 12866
Fax: 518.584.0809

Section A: Personal Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>		
Address	<input type="text"/>			Apt/Ste	<input type="text"/>		
City	<input type="text"/>			State	<input type="text"/>	Zip	<input type="text"/>
Phone	<input type="text"/>			E-mail	<input type="text"/>		
Emergency Contact	<input type="text"/>						

Section B: Personal Details *(Spouse or partner if volunteering together)*

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>		
Address	<input type="text"/>			Apt/Ste	<input type="text"/>		
City	<input type="text"/>			State	<input type="text"/>	Zip	<input type="text"/>
Phone	<input type="text"/>			E-mail	<input type="text"/>		
Emergency Contact	<input type="text"/>						

Section C: Previous Volunteer Involvement

Please list below any previous/current volunteer positions *(part time or full time)*.

Organization	<input type="text"/>	Brief description of responsibilities	<input type="text"/>
Supervisor	<input type="text"/>		
Supervisor's phone number	<input type="text"/>		
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Supervisor	<input type="text"/>		
Supervisor's phone number	<input type="text"/>		

Section D: About You

Tell us your interest(s) in volunteering at SPAC.	<input type="text"/>	Tell us what time commitment you are able to give to SPAC.	<input type="text"/>
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