



Volunteer Application

Join the Lancaster Performing Arts Center as a Theatre Assistant Volunteer. We are excited to offer a program for those who are interested in supporting the performing arts. As a volunteer, you will have many opportunities to support staff and interact with patrons during performances and events.

INFORMATION

Last Name: _____ First Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Birthdate: _____

Current Employer: _____ Phone: _____

In the event of an emergency:

Emergency Contact: _____ Phone: _____

Please List two references whom you have known for at least five years:

Name: _____ Phone: _____

Name: _____ Phone: _____

AVAILABILITY

Mark all days and time frames that you are available: Circle all those applicable.

Sunday AM/PM: _____ Monday AM/PM: _____ Tuesday AM/PM: _____ Wednesday AM/PM: _____

Thursday AM/PM: _____ Friday AM/PM: _____ Saturday AM/PM: _____

Tell us a little about yourself, hobbies, and interests:

I hereby authorize the City of Lancaster to initiate a background check prior to my acceptance as a volunteer at the Lancaster Performing Arts Center.

Signature: _____ Date: _____

Please complete the application and return to the LPAC Box Office or mail to:
Lancaster Performing Arts Center
Attn: LPAC Volunteer Program
44933 Fern Ave
Lancaster, Ca 93534

