

STAMBAUGH AUDITORIUM

Usher APPLICATION

Please fill out the following as completely as possible and return to:
Stambaugh Auditorium - Attn: Usher Training
1000 Fifth Avenue, Youngstown, Ohio 44504 or email to info@StambaughAuditorium.com

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO

DO YOU HAVE USHERING EXPERIENCE? IF SO, PLEASE DESCRIBE:

PLEASE LIST ANY CERTIFICATIONS OR LICENSES YOU CURRENTLY HOLD
(EXAMPLES: FIRST AID, CPR, AED, ETC.)

ARE YOU CURRENTLY VOLUNTEERING AT OTHER ORGANIZATIONS? IF SO, WHERE AND IN
WHAT CAPACITY? (PLEASE LIST ORGANIZATIONS, POSITIONS HELD, DATES AND DUTIES)

PLEASE LIST ANY SPECIAL TALENTS, SKILLS OR STRENGTHS YOU WOULD BRING TO THE
VOLUNTEER SERVICES, INCLUDING ANY SIGN LANGUAGE SKILLS AND FOREIGN LANGUAGES
YOU MAY SPEAK.

SIGNATURE _____ DATE _____