

OPERA TAMPA LEAGUE

VOLUNTEER APPLICATION

Last:	First:	Middle Initial:
Street Address:		Apt/Unit #:
City:	State:	ZIP:
Phone (Home and/or Work):		
Cell Phone:	E-mail:	

The Opera Tampa League is a group of supporters who direct their time, talent and treasure toward Opera Tampa, the resident opera company at the Straz Center.

Volunteers will work alongside members of the Opera Tampa League Board, primarily in the following areas. Once your application has been processed, the League's Volunteer Coordinator will contact you to review available opportunities.

Please tell us about your involvement with Opera Tampa and/or the Opera Tampa League.

- I attend Opera Tampa performances.
- I am an Opera Tampa season ticket holder.
- I am an Opera Tampa League member.
- I am interested in joining the Opera Tampa League.

Please check the area(s) of interest to you:

- Opera Tampa League Membership:** assist with fundraising and friend-raising for Opera Tampa, by distributing information about the Opera Tampa League at opera performances and events.
- Opera Tampa League Events:** contribute to planning and execution of activities throughout the year, including luncheons, cocktail events and the Opera Tampa League Gala.
- Community Engagement:** help promote Opera Tampa programs at events on the Straz Center campus and around the Tampa Bay area.
- Artist Transportation:** provide ground transportation to and from Tampa International Airport for visiting artists.

What is/was your profession? _____

Do you have any physical restrictions that would affect the type of volunteer work you may be assigned?

Previous Volunteer Experience:

What days are you available to volunteer?

- | | | | |
|------------------|-------------------------------|---------------------------------|-------------------------------|
| Sunday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| Monday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| Tuesday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| Wednesday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| Thursday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| Friday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |
| Saturday | <input type="radio"/> Morning | <input type="radio"/> Afternoon | <input type="radio"/> Evening |

What months are you available to volunteer?

- | | | |
|--------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> January | <input type="radio"/> May | <input type="radio"/> September |
| <input type="radio"/> February | <input type="radio"/> June | <input type="radio"/> October |
| <input type="radio"/> March | <input type="radio"/> July | <input type="radio"/> November |
| <input type="radio"/> April | <input type="radio"/> August | <input type="radio"/> December |

How much time would you like to donate each month?

- Less than one full day
- Eight to 20 hours
- 20-40 hours
- More than 40 hours

Emergency Contact Information:

Name _____ Address _____

Daytime Phone _____ Relationship _____

Internal Use Only

Comments: _____

Staff Signature: _____ Date: _____