



## Volunteer/Intern Profile 2018/2019

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*Minimum age for volunteering is 10 years old. If you are under 18, please provide your age: \_\_\_\_\_. Any volunteer under 18 must be accompanied by an adult. I will be coming with \_\_\_\_\_

We would like to match your skills and interests with volunteer opportunities at Carolina Ballet. If you have a resume, please attach it.

**SKILLS/BACKGROUND** (please circle): Office Management Sales Marketing Fundraising

Computer (Word, Excel, PowerPoint, Access) Writing/Editing Grant Writing

Education/Teaching (Elementary, Secondary, College) Event Planning/Hospitality

Customer Service Sewing/Costume Design Graphic Design Photography Website Design

Other (please list) \_\_\_\_\_

Interests: (please explain) \_\_\_\_\_

**AVAILABILITY:**

# Hours you wish to offer on a regular basis (e.g., 3 hours/week, 5 hours/month, etc.): \_\_\_\_\_

Business hours available (be specific): \_\_\_\_\_

Weekday evening hours available (be specific): \_\_\_\_\_

Weekend hours available (be specific): \_\_\_\_\_

**PRIVACY:** Do we have your permission to list your name, address, phone, and email in a directory for internal use only (please circle)? Yes No. Do we have your permission to list your name in our program and on our website as a volunteer/intern? If yes, how would you like your name listed:  
\_\_\_\_\_

**Please fax or mail to:** Laurie Tollerton, Administrative Director, Carolina Ballet, Inc., 3401-131 Atlantic Avenue, Raleigh, NC 27604. Studio Hours: 9am-6pm Monday thru Friday.

Email: [ltollerton@carolinaballet.com](mailto:ltollerton@carolinaballet.com); Fax: 919-719-0810; Phone: 919-719-0800 x8458