

Volunteer Registration Form

Thank you for your interest in volunteering with Opera Grand Rapids! This form can help us match your time and talents with our volunteer opportunities. Please complete this form and return to Opera Grand Rapids. We look forward to working with you!

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone Number _____

How did you hear about volunteering for Opera Grand Rapids?

Previous Volunteer Opera Grand Rapids Website Friend Other

When are you available to volunteer? *Please select all that apply*

Mornings Days Evenings Weekends

Where would you like to share your talents? *Please select all that apply*

Ushers & Greeters Artist Services Load-In/Load-Out Team
 Special Events Administrative Relief

Why are you interested in volunteering with Opera Grand Rapids?

I have read and understood the position descriptions provided in the Opera Grand Rapids Volunteer Packet and am able to meet the requirements for those I have selected.

Signature _____ Date: _____

Please return completed form to Opera Grand Rapids

Mail: Opera Grand Rapids
Attn: Volunteers
1320 East Fulton St.
Grand Rapids, MI 49503

Email: swatson@operagr.org



OPERA GRAND RAPIDS
Betty Van Andel Opera Center
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