



SYRACUSE SYMPHONY ORCHESTRA

Daniel Hege MUSIC DIRECTOR

VOLUNTEER APPLICATION FORM

Please take the time to fill the form out completely and add as much detail as possible. All forms and information will be kept confidential.

Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Work Phone: _____
Birthday: _____ (Optional) Email: _____

For emergencies only:

Emergency Contact Name: _____ Phone: _____

I. Preference in Volunteering

Please check the volunteering areas you are interested in with the Syracuse Symphony Orchestra.

Office work

- Data entry, filing, etc.
- Mailings
- Reception
- Distribution of flyers, brochures, etc.

Concert Assistance

- Night of concert help (will call)
- Ushering (Education concerts)
- CD/Merchandise Sales

Other: _____

II. Availability

When are you interested in volunteering? (Check all that apply)

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekend Mornings
- Weekend Afternoons
- Weekend Evenings

Do you travel out of the area during certain times of the year? If yes, when:

III. Other

How did you hear about volunteering for the Syracuse Symphony Orchestra?

Thank you for filling out this application. Please hand to an SSO Staff Member, or mail to:
*Syracuse Symphony Orchestra
411 Montgomery Street, Suite 40
Syracuse, NY 13202*