

Vicarious Theatre Company Application



Name _____ DOB _____ Age _____ Ht _____ Wt _____

Address _____ Apartment Number _____

City _____ State _____ Zip _____

Phones (include area codes) : Home _____ Work _____

Cell _____ E-mail _____

Do you have a vehicle? _____ Is it in good running condition? _____ Position applying for _____

EDUCATION

School _____ Level _____ GPA _____ Major _____

EMPLOYMENT

Employer _____ Title _____ Time on job _____ Work days/hours _____

Will being in The VTC conflict with your work schedule, school or other commitments? Explain: _____

Estimate how many times you have seen the film _____ times Since _____ Other theaters? _____

How many times have you seen The VTC? _____ Been in a cast before? _____ Job: _____

What would you like to do in The VTC? _____

Why do you want to be a member? _____

Talents you feel might be helpful to The VTC: _____

I am prepared to make the necessary investment of time, energy, and money required to achieve the part for which I am applying. I understand that may include costumes, personal props or other materials as well as attending practices, meetings and other functions.

Signed _____ Date _____ (Complete and turn in to board member)

Parent or Guardian _____ Date _____ Relationship _____

ÓThe Vicarious Theatre Company 2002