



Volunteer Usher Application

Mission: To restore and maintain Shea's Buffalo Theatre for present and future generations to enjoy as a working historic theatre providing a wide variety of live performing arts experiences for our patrons and innovative and effective educational experiences fostering an appreciation of live theatre by area youth.

The goals of Shea's Volunteer Usher Program are:

- To provide outstanding customer service to our Patrons
- To insure the safety of Patrons using our facility
- To support the mission of Shea's in our community

Your service to Shea's, one of the leading cultural and historic sites in our region, helps insure the future of our organization.

Volunteer Qualifications:

All Volunteers should be at least 18 years old, eager to serve our patrons, and physically able to perform the assigned duties. Duties may include, but are not limited to, escorting patrons to their seats, reading tickets, standing for the duration of a performance, climbing stairs, and assisting in the need for evacuation. Volunteer Ushers will be assigned to a certain day and time, known as a team. Every time there is a performance scheduled on that day and time all volunteer ushers are required to report. If you are unable to volunteer you must contact your usher captain prior to the day of the show. All Volunteers are required to read, sign and to comply with the Volunteer Handbook and attend pre-season continuing education programs.

Please complete the form below and submit it to Robert H. Brunschmid, Director of Operations at rbrunschmid@sheas.org; via mail at Shea's Buffalo Theatre, PO Box 1130, Buffalo, NY 14205; via fax at 716.847.1644. Your contact information will not be shared with anyone outside Shea's.

NAME: _____

ADDRESS: _____

PHONE: Day: _____ Evening: _____

EMAIL: _____

_____ I wish to be assigned immediately after Training to the **Saturday Evening** Usher Team.

_____ I wish to be wait-listed until 2019 for another Usher Team (indicate day of week): _____

In case of emergency, please notify:

NAME: _____

ADDRESS: _____

PHONE: Day _____ Evening _____

RELATIONSHIP: _____

Applicant's Signature _____ Date _____