



**THE LYRIC THEATRE
VOLUNTEER BARTENDER APPLICATION**

*PLEASE MAIL OR RETURN THIS FORM TO THE LYRIC BOX OFFICE:
59 SW FLAGLER AVENUE, STUART, FL 34994*

Date: _____

Name: _____ Are you a Member of The Lyric Theatre? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Email Address: _____

I have bartending experience, either paid or volunteer with the following:

- Serving beer/wine Cash Handling Customer Service Inventory/Stocking
 Making mixed drinks Other relevant experience:

AVAILABILITY: I am interested in: Seasonal (please provide dates): _____
 Year-round Other: _____

DAYS & HOURS AVAILABLE:

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT
FROM:							
TO:							

Can you be bonded? Y N Have you ever been convicted or plead 'No Contest' to a felony? Y N

If yes, please describe in full detail, including dates of any and all instances of the foregoing, even if adjudication was withheld: _____

I certify that the statements made in this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services and that filling out an application does not guarantee acceptance to a position. I have read the volunteer requirements listed on the attached page and meet these requirements.

Signature: _____

Thank you for your interest in The Lyric Theatre. We look forward to working with you!