

The Metropolitan Opera
National Council Auditions

Volunteer Information Form

1. Your Full Name/Preferred Address Home Company

_____ (last) (first) (m. i.)

_____ (street)

_____ (city) (state) (zip code)

E-mail Address: _____

2. Home Phone

- -
(area code)

3. Other Phone (Company/Mobile)

- -
(area code)

4. Preferred method of contact:

Home Phone Other Phone E-Mail Preferred Address

Have you ever **attended** a National Council Audition at the District, Regional and/or National level? **Y / N**

* If YES, please tell us a little about your experience: _____

Have you ever **volunteered** at a National Council Audition at the District, Regional and/or National level? **Y / N**

* If YES, please tell us a little about how you were involved: _____

Please list the **skills and interests** you could contribute to the National Council Auditions.

How did you hear about the National Council Auditions?

Are you interested in learning more about the **Metropolitan Opera**? **Y / N**