

**SPOKANE CIVIC THEATRE**

**Volunteer Application:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*Please indicate your primary phone number with a star*

E-mail: \_\_\_\_\_

Areas of interest:

Hosting	_____	Studio Concessions/Usher	_____	Backstage	_____
Usher	_____	Sewing Shop	_____	Costume Rental	_____
*House Managing	_____	Scene Shop	_____	Grounds/Building	_____
Contest Ticket Sales	_____				

\*Special training required

Availability:

Days: \_\_\_\_\_

Times: \_\_\_\_\_

Do you have any physical limitations? (Some positions require standing and walking up and down stairs)

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to make a one year commitment?      Yes      No

What life experience have you had that might be useful in working for Civic? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your relevant previous experience:

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Why are you interested in volunteering at Civic? What do you hope to gain?

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What skills do you bring to help give our patrons a wonderful theatre experience?

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Volunteering website <http://spokanecivictheatre.ivolunteer.com/>

Spokane Civic Theatre Website: <http://spokanecivictheatre.com/>

*Please return to Volunteer Coordinator, Rebecca Martin. In person or by mail at 1020 N Howard St, Spokane WA 99201. Via email Rebecca@SpokaneCivicTheatre.com*

# SPOKANE CIVIC THEATRE

## LIABILITY & INDEMNITY RELEASE

Must be signed prior to participation in class or activity

I agree to release, indemnify, hold harmless and forever discharge Spokane Civic Theatre, its agents, officers, directors, and employees from any and all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization or arising from participation in activities for which the participant is registered.

I further acknowledge that I have familiarized myself with the description of the activities, understand the hazards and the participant's personal limitations and knowingly assume all risks.

Name of Activity: \_\_\_\_\_

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

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Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_

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Phone # \_\_\_\_\_ Printed Name \_\_\_\_\_

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:  
I hereby certify that I am the parent or guardian of the person named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

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Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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Phone # \_\_\_\_\_