**SPOKANE CIVIC THEATRE**

**VOLUNTEER APPLICATION**

Today’s Date: Click here to enter a date.

Last Name: ­­­­­­­­Click here to enter text.

First Name: Click here to enter text.

Mailing Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.

Primary Phone:Click here to enter text. Alternate Phone: Click here to enter text.

E-mail: Click here to enter text.

What Is Your Age? Choose an item.

Areas of interest, check all that apply:

Greeting/Taking Tickets  Ushering  House Managing (requires additional training)

Backstage Crew  Set Construction  Costume Construction

Grounds/Building  Poster/Literature Distribution  Technical Crew

What Days and Times are You Available? Click here to enter text.

Do you have any physical limitations? Click here to enter text.

Are you willing to make a one year commitment? Click here to enter text.

What life experience have you had that might be useful in working for Civic? Click here to enter text.

List your relevant previous experience: Click here to enter text.

Why are you interested in volunteering at Civic? What do you hope to gain?Click here to enter text.

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

Click here to enter text.

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**: Click here to enter text.

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 Click here to enter a date. Signature of Participant

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Phone Click here to enter text. Printed Name Click here to enter text.

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 Click here to enter text. Signature of Parent/Guardian

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Phone Click here to enter text. Printed Name Click here to enter text.

**SPOKANE CIVIC THEATRE**

VOLUNTEER EMERGENCY CONTACT

AND DEMOGRAPHIC UPDATE

DATE: Click here to enter a date.

LAST NAME: Click here to enter text. FIRST NAME: Click here to enter text.

ADDRESS: Click here to enter text.

CITY: Click here to enter text. STATE: Click here to enter text. ZIP: Click here to enter text.

PRIMARY PHONE: Click here to enter text. SECONDARY PHONE: Click here to enter text.

EMAIL: Click here to enter text.

**EMERGENCY INFORMATION**

**FIRST PERSON TO CONTACT ON MY BEHALF**

CONTACT’S NAME: Click here to enter text. RELATIONSHIP: Click here to enter text. PRIMARY PHONE: Click here to enter text. SECONDARY PHONE: Click here to enter text.

**SECOND PERSON TO CONTACT ON MY BEHALF**

CONTACT’S NAME: Click here to enter text. RELATIONSHIP: Click here to enter text. PRIMARY PHONE: Click here to enter text. SECONDARY PHONE: Click here to enter text.

**PHYSICIAN NAME**: Click here to enter text. PRACTICE NAME: Click here to enter text. PHONE: Click here to enter text.

**PREFERRED HOSPITAL**: Click here to enter text. **BLOOD TYPE**: Click here to enter text.

**LIST ANY KNOWN CONDITIONS OR ALLERGIES**: Click here to enter text.

**LIST CURRENT MEDICATIONS**: Click here to enter text.

*The information requested on this form is confidential and for emergency use only. In the event of a medical emergency, this information will used by authorized emergency personnel. In case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.*

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Signature Printed Name of signer: Click here to enter text. Date Signed: Click here to enter a date.

If Subject is Under 18, Relationship of signer: Click here to enter text.