## The Manatee Players, Inc. Manatee Performing Arts Center VOLUNTEER APPLICATION FORM

Complete this form if you are applying for, or re-applying for a volunteer position for The Manatee Players, Inc. at Manatee Performing Arts Center. Leave entries blank if they do not apply to you.

Date:	(Please Print in Ink)							
egal Name: Nickname:								
If you would like to be scheduled with an	nother person, please provide the name:							
How did you learn about our Volunteer P	rogram?							
What are the reasons that you decided to	apply to volunteer with us?							
Home Phone:	Cell Phone:							
E-Mail Address:								
Local/Winter Address:	Summer Address:							
Address:	Address:							
	City/State/Zip:							
Are you a seasonal resident? Yes								
If yes, dates you are unavailable								
In case of emergency, please notify:								
Relationship:	ionship: Phone Number:							
(Optional) Any medical information you v	vould like us to know (e.g., allergies, diabetes):							
Age Range: Under 18								
Are you a student volunteering with us fo	or required volunteer hours? Yes No							
If yes, how many hours do you need to f	fulfill the requirement?							
Were you ever convicted of, pleaded no	contest to, placed on probation for a felony or are you currently on							
probation; or have you been involved in a	a felony or misdemeanor involving the deferred adjudication process:							
	xplain:							

I am interes	ted in volunte	ering for the	following: (Ir	nterest does No	OT guarantee	position availa	bility.)		
Back Stage Dresser Running Crew Laundering/Repairs/Ironing Costume Sewing Hair Styling Props Asst. Stage Manager Set Construction Set Painting Lighting		ning	at of House 50-50 Bartender Greeter Scanner Usher Register Will Call Ticket Sales	Admin/Office  Mailings Filing Data Entry Receptionist Phone Calling Copying Gift Shop Box Office		Facility  Event Set Up  Lawn Care (mowing, weeding, etc.  Operators  Sound Board Spot Light Projections			
Please list related experience/special skills and talents:									
Please indi	cate days and	d times you v	vill be availa	ble to volunt	teer (X all da	ys and times	that apply):		
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Morning									
Afternoon Evening									
As a volunteer or member of The Manatee Players, Inc., I understand that I have agreed to volunteer my time and talents toward accomplishing the goals of said organization. I also understand and agree that The Manatee Players, Inc., its instructors, agents and employees are not responsible for my welfare or behavior while I am participating in any volunteer duties on behalf of the organization. The Manatee Players, Inc. assumes no responsibility or liability for my actions, or for those of any other participant. I do, therefore, release, acquit, satisfy and forever discharge The Manatee Players, Inc., its instructors, agents and employees from any and all injuries, expenses, liabilities whatsoever, incurred as a result of my participation as a volunteer, including, but not limited to any negligence or any other act omission on the part of The Manatee Players, Inc., its instructors, agents or employees. I have read, understand and agree to the above stated material, and also consent to the use of my name and/or likeness in promotional materials, including web pages.									
Certification	and Authori	zation (Please	read thorough	nly)					
•		on provided in a contained in		Application is ton.	true, correct, a	and complete.	I authorize		
Applicant's Signature:					Date:				
(if under 18) Parent/Guardian's Signature:					Date:				

FOR THE SAFETY OF ALL OUR STUDENTS, VOLUNTEERS, PATRONS, & STAFF, WE RESERVE THE RIGHT TO CONDUCT BACKGROUND CHECKS ON ALL STAFF & VOLUNTEERS.

ALL VOLUNTEERS SHALL ABIDE BY THE MANATEE PLAYERS, INC.

SEXUAL ABUSE POLICY AND THE FRONT OF HOUSE VOLUNTEERS HANDBOOK.

Authorized Witness: \_\_\_\_\_\_ Title: \_\_\_\_\_