

# Florida Cultural Group, Inc./Manatee Performing Arts Center

## Penguin (Actors and Mentors) FORM

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

### **(Please Print in Ink)**

Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Spouse/Significant/Parent's Name: \_\_\_\_\_

### **Local Address:**

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Are you a seasonal resident? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Number: \_\_\_\_\_

Any medical information we need to know (e.g., allergies, diabetes): \_\_\_\_\_

Any special accommodation/support we need to know (e.g., no stairs, wheelchair) \_\_\_\_\_

Please list related experience/special skills and talents: \_\_\_\_\_

\_\_\_\_\_ I give my consent to authorize the Florida Cultural Group to use and reproduction of any and all photographs, video or film taken of me during my volunteering activities.

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### **I am interested in participating as a:**

Penguin Player 23+ \_\_\_\_\_ Actor \_\_\_\_\_ Mentor Penguin Project 8-22 \_\_\_\_\_ Actor \_\_\_\_\_ Mentor

Rehearsal schedule will be as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
Penguin Players	4:30-6:00PM		4:30-6:00PM		
Penguin Project		4:30-6:00PM		4:30-6:00PM	

**PLEASE NOTE: Performances will be the week of March 25, 2024**

As a volunteer or member of The Florida Cultural Group, 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 Florida Cultural Group, 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 Florida Cultural Group, 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 Florida Cultural Group, 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 Florida Cultural Group, 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.

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 felony or misdemeanor involving the deferred adjudication process:

Yes\_\_\_\_\_ No\_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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 FLORIDA CULTURAL GROUP, INC. SEXUAL ABUSE POLICY AND THE FRONT OF HOUSE VOLUNTEERS HANDBOOK

**Certification and Authorization** (Please read thoughtfully)

I certify that the information provided in the Volunteer Application is true, correct, and complete. I authorize verification of all statements contained in this application.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18) Parent/Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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