



Volunteer

Please complete *all* of the information below to volunteer at HITS Theatre.

Name of Volunteer: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____ Cell Phone: _____

E-Mail: _____

Name and Contact Information in the Event of an Emergency:

Production Name: _____

Dates Needed: _____ to _____

DISCLOSURE & AUTHORIZATION FORM

I expressly authorize, without reservation, HITS Theatre, to contact and obtain information from public agencies, licensing authorities and to otherwise verify the accuracy of all information provided by me in this application, making a determination as to my eligibility as a volunteer. I hereby waive any and all rights and claims I may have regarding HITS Theatre, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in this process and all other persons, corporations or organizations for furnishing such information about me.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Name: _____

DOB: _____

Signature: _____

TDL: _____



I understand that the volunteer position at HITS is a temporary and voluntary position. I agree to abide by the guidelines and expectations of HITS as explained to me by the Director and Stage Manager, including but not limited to those listed below.

As a volunteer:

1. Recognize and respect the rights of students.
2. Maintain a professional relationship and exhibit a professional demeanor in interactions with students.
3. Obey safety rules and exercise caution in all volunteer activities.
4. Immediately report any unsafe condition to the appropriate person(s).
5. Accidents which result in injury, regardless of how insignificant the injury may appear, volunteers should immediately notify the appropriate person(s).

Guest Artist Signature: _____ Date: _____

Director Signature: _____ Date: _____

For Students Under Age 18:

My signature below indicates that I, _____, parent/guardian of
_____(name of student), provide consent for this volunteer position with
HITS Theatre. I can be reached at _____(phone number) with any questions or concerns.