



Simcoe Little Theatre
 33 Talbot Street North, Box 324,
 Simcoe, ON N3Y 4L2
 519-426-7620
www.simcoelittletheatre.org

VOLUNTEER APPLICATION / REGISTRATION FORM (General)

The information on this form is being collected to process your application for volunteering in accordance with the Personal Information Protection & Electronic Documents Act. (Please print)

Date of Application: _____ **Volunteer since (date):** _____

Name: _____

Address (including town/city and postal code): _____

Phone(s): (h) _____ (w) _____ (c) _____

Email: _____

In case of emergency please notify: _____

Relationship (optional): _____ **Telephone(s):** _____

Please tell us about your background / interests in theatre: *(can also attach resume or separate sheet)*

What kind of volunteer role(s) are you interested in?

- Actor / Actress Administration Bar Help *(see over)* Backstage Box Office Board of Directors
- Building Maintenance Choreography Costumes / Wardrobe Director / Producer Diversity Initiatives 50/50 and Raffle Ticket Sales Front of House Fundraising Gift Wrapping Grant Writing Lighting Make-up / Hair Memberships Music / Dance Newsletter Playbill Props Publicity / Public Awareness Set Design / Construction Singer SLT History Sound Special Events *(includes Festival / Fair Booths)* Stage Management / Crew Ushering Videotaping Volunteer Services Website

Security Clearance and References: *see over*

How did you hear about this volunteer opportunity?

Permissions

1. I understand that my photograph, image, likeness, performance, or voice may be recorded, and may, at the discretion of the Board of Directors of Simcoe Little Theatre, be used in the promotion of the theatre and its work in the community. It may also be used, at the discretion of the Director and/or Producer, in all media in the promotion of Simcoe Little Theatre productions.
2. I am 18 years of age or have also obtained the signature of my parent / legal guardian as indicated on this form.
3. If at any time, due to circumstances such as an accident or sudden illness, if emergency medical treatment is required (and my guardian / emergency contact cannot be contacted), care may be given by private physician or hospital. I consent to emergency transportation by ambulance if necessary. I realize I will be held financially responsible for all transport and medical costs incurred.
4. I **GIVE / DO NOT GIVE** permission for the information provided on this form to be shared by the SLT Board / Executive and Volunteer Coordinator with other SLT Volunteers. *(please circle preferred answer)*

Signature of Applicant:

Date

Parent / Guardian (for volunteers under 18)

Date

For more information please contact the Volunteer Coordinator at 519-426-7620

or email simcoelittletheatrevolunteer@gmail.com
Simcoe Little Theatre Volunteer Application / Registration

Name of Volunteer:

Bar Help: *SmartServe required*

SmartServe **Yes** **No**

Certificate #:

Please feel free to add comments about volunteering for SLT that might enhance or impact your volunteer activities (e.g. special interests not indicated above, inability to drive at night, allergies, health concerns, restrictions, etc.)

Vulnerable Sector Check:

Required for Executive and Board Members, Production Directors and others as determined by Board – in compliance with requirements regarding accountability and working with designated “Vulnerable Populations.”

Required **Indicate date / attach copy of most recent clearance:**

Not required

References (2 – not family):

Required for Executive and Board Members, Production Directors and others as determined by Board

Name:

Address:

Telephone:

Checked By:

Date:

Name:

Address:

Telephone:

Checked By:

Date:

Application Information Verified By:

Date:

SLT proudly supports equality, respecting everyone’s uniqueness

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Thank you for your interest in volunteering with Simcoe Little Theatre