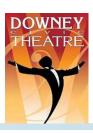
Downey Civic Theatre

VOLUNTEER APPLICATION

Where Incredible Happens! 8435 Firestone Blvd Date: _____ Downey, CA 90241 Phone: 562-861-8211 E-mail: boxoffice@downeytheatre.com Name: Birthdate: **Contact Information** Primary Phone: _____ Secondary Phone: _____ **Emergency Contact Information** ______ Relation: ______ Name: _____ Phone:_____ Name: ______ Relation: _____ Phone: _____ **Employment Information and Availability Employment Status** Employer/School: ☐ Student Department/Title: _____ □ Employed General Availability (we understand this may change) □ Not Employed/Retired Comments about availability: Weekdays Weekends Morning Afternoon How many hours a month do you spend volunteering **Evening** at other organizations? 0-5 hrs 5-10 hrs 10+ hrs Interests and Skills Area of Interest General Skills Language/Special Skills □ Backstage ☐ Administration □ Video/Photo ☐ American Sign Language □ Usher ☐ Graphic Design ☐ Fundraising ☐ Foreign Languages (comment below) Special Projects □ Painting **Public Speaking** CPR ☐ Events ☐ Sewing ☐ Writing/Editing ☐ First Aid Comment:

Why do you want to do volunteer work at Downey Civic Theatre? (Ex: school credit, career exploration, to support the arts, etc.)

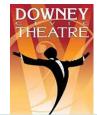


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Where Incredible Happens!

Your Experience				
Have you attended a Downey Civic Th	eatre per	formance in the past?	Y/N	
Experience with theatre:		Lots of Experience		No Experience
		Some Experience		I am a member of an Arts Union
Describe any limitations on the volunteer work	you can	perform. (Ex: no heavy	lifting, l	ack of transportation, etc.)
Where did you hear about the Downey Civic Th	neatre Vo	lunteer Services Progra	m? (Che	eck all that apply)
Newspaper Friend/Volunte	eer	Lobby Flyer	٧	Vebsite
Other:				
P	ARTICIPA	ATION AGREEMENT		
In return for orientation, training, supervision,	and eval	uation of my volunteer	efforts,	l agree to: (Please initial)
Take my volunteer commitment serio		·		
Keep my agreed upon schedule, which	h include	s: being on time, and no	otifying i	my project supervisor in case
of illness, delay, unavoidable absence	, or the n	eed to discontinue my a	assignm	ent before its completion.
Understand that my presence as a vol	lunteer a	t the Downey Civic Thea	atre is to	provide a safe and pleasant
environment for the patrons.				
Be willing and able to work each duty	station a	nd position assigned at	the Dov	vney Civic Theatre according to
my requested schedule.				
Be courteous and diplomatic at all tim	ies;			
Take every reasonable precaution to precaution injury. I will perform in accordance with regulations, in the Downey Civic Thea	th all safe	ety rules and regulation		
Understand that I do not have, nor ca with the Downey Civic Theatre. Furth employees of the Downey Civic Theat medical, dental or vision coverage, or	er, I unde re, includ	erstand that I am not eli ling but not limited to w	igible fo	r any of the benefits available to
Respect the confidentiality of all mate	erial with	which I come into conta	act.	
Signature			_	Date
TO BE COMPLETED ONLY IF VOLUNTEER IS A N				
If an emergency occurs involving the above na				_
authorizes the Downey Theatre, as agent for the dental or surgical diagnosis or treatment and he by and rendered under the general or special states.	ospital c	are for the above name	d minor	. This must be deemed advisable
Signature of parent/guardian (if under 18)				Date
PLEASE MAIL COMPLETED FORM TO: A	ttn: Volur	nteer Coordinator		
		vic Theatre		D O



8435 Firestone Blvd. Downey, CA 90241