



Theatre Under The Stars VOLUNTEER APPLICATION

I. GENERAL INFORMATION (Please print all information)

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail Address: _____

DOB _____ Occupation/ Title: _____

SEX: Female Male Highest Level of education completed: _____

School: _____ Area of Study _____

How did you learn about our volunteer program? _____

Emergency Contact information:	
Name:	
Phone:	
Relationship:	
Employer:	
Work Phone:	

Please list three (3) personal references who are not related to you and have known you for at least one (1) year.

Reference Name	Relationship	Phone Number

Are you volunteering to fulfill a professional requirement? Yes No

Are you volunteering to fulfill a class requirement? Yes No

If yes, how many hours are you required to complete? _____ By when? _____

II. GETTING TO KNOW YOU:

What languages do you speak? English Spanish Other _____

The following information is not required, but would help TUTS when applying for certain grants:

ETHNICITY: *Caucasian African-American Hispanic Asian Native American Multi-Racial*
Other _____

Your Skills: (specify) _____

Your Hobbies: Exercise Music Art
Theatre Dance Other: (specify) _____

Please list any special skills, hobbies or certifications you may have: _____

Please list any previous volunteer and/ or work experience below.

Company Name	When you worked	Phone Number	Brief description of experience

PARENTAL CONSENT (If under 18 years of age)

I give my consent for my son \ daughter to participate in the Theatre Under The Stars (TUTS) Supporting Cast volunteer program.

When my son \ daughter completes volunteer orientation I give my consent to His\ her serving as a TUTS Supporting Cast volunteer.

I release Theatre Under The Stars, Inc., its representatives, Board of Directors, and staff from any and all liability for the actions of my son \ daughter \ ward while serving as a volunteer. I further release Theatre Under The Stars its representatives, Board of Directors and staff from any and all liability for actual bodily injury, psychic injury or illness of my son \ daughter \ ward arising from his \ her service as a volunteer.

Signature of Parent \ Guardian

Date

Phone Numbers – Home

Work

Cell

By signing below you agree that all information you have provided is true to the best of your knowledge.

Volunteer Signature

Date

Please note: All volunteers age 12-14 are required to volunteer with a parent or guardian over the age of 18. We cannot make acceptations.



Spring 2017 Volunteer Signup

We would love to have you join us as a volunteer during our Spring 2017 Saturday Morning Program. As a volunteer artist assistant, you will:

- help encourage children with disabilities to achieve their creative ideas and goals,
- assist teaching artists and teacher aides with classroom set up and clean up,
- help to keep students safe while attending classes and changing rooms,
- assist students as needed with restroom breaks and water breaks,
- be a part of an inclusive, caring and supportive environment.

Please let us know your availability to volunteer this Spring by filling in a "Yes" or "No" in the chart below. Hours are Saturday Mornings 9:00 AM to 12:45 PM. **Volunteers are required to commit to a minimum of 3 weekends.**

Available? Yes/No	Dates	Start Time	End Time
	January 21, 2017	9:00 AM	12:45 PM
	January 28, 2017	9:00 AM	12:45 PM
	February 4, 2017	9:00 AM	12:45 PM
	February 11, 2017	9:00 AM	12:45 PM
	February 18, 2017	9:00 AM	12:45 PM
	February 25, 2017	9:00 AM	12:45 PM
	March 4, 2017	9:00 AM	12:45 PM
	March 18, 2017	9:00 AM	12:45 PM
	March 25, and April 1, 2017	9:00 AM	12:45 PM

Please select ONE orientation date that you will attend:

(Orientation is mandatory for all new volunteers.)

_____ **January 21, 2017** **8:30 am**

_____ **January 28, 2017** **8:30 am**

_____ **February 4, 2017** **8:30 am**

For further updates please join us as a friend on Facebook or visit our website www.TUTS.com/River

Please fill out your contact information below:

Name: _____ Birth Date: _____

Email Address: _____

Home Phone #: _____ Cell Phone # _____

Mail to: Theatre Under The Stars, Attn: River Program Coordinator, 1475 West Gray, Suite 158 Houston TX 77019
or email tiffany@tuts.com