



# Theatre Under The Stars Volunteer Application

**SPRING 2019: Volunteers are required to volunteer at least 4 Saturdays from January 19 thru March 23 AND the recital on March 30<sup>th</sup>, 2019 from 9AM-12:30PM.**

**I. GENERAL INFORMATION (Please print all information)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: Female Male

Occupation/ Title: \_\_\_\_\_

Highest Level of education completed: \_\_\_\_\_

School: \_\_\_\_\_

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 \_\_\_\_\_*

**Preferred Volunteer Placement:**      Music                  Art                  Acting                  Dance

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.**

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