



Summer 2019 Volunteer Application

Please Note: Volunteers must sign up for a minimum of ONE FULL CAMP WEEK, Monday-Friday from 9am-3pm. New volunteers must attend orientation prior to camp. The minimum age to volunteer independently is 15 years old. All volunteers age 12-14 are required to volunteer with a parent or guardian over the age of 18. We cannot make exceptions.

GENERAL INFORMATION (PLEASE PRINT)

Name: _____ Date of Birth: _____ Gender: M / F / Other
 Address: _____ City: _____ Zip: _____
 Primary Phone: _____ Alternate Phone: _____ Email: _____
 Are You Currently a Student? Y / N School: _____
 Occupation/Area of Study: _____
 Languages: English Spanish Other: _____

The following information is not required, but is used when applying for certain grants:

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

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
 Primary Phone: _____ 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

Please select your preferred camp session(s).

- AUDITION BOOT CAMP:** Paying homage to *Fame* while polishing audition prep skills, stage presence, dance, and vocals. **JUNE 17-21**
- SALUTE TO SEUSS:** Saluting the treasured children’s author and his body of work through song and dance. **JUNE 24-28**
- NEW & NOTABLE:** Discover the latest musicals taking the Broadway world by storm. **JULY 8-12**
- MEDIEVAL MADNESS:** Would-be knights and princesses take center stage cast as heroes and heroines in their own stories. **JULY 15-19**
- MERRY MARY:** Music and merriment while exploring the classic *Mary Poppins* and *Mary Poppins Returns*. **JULY 22-26**
- WOODSTOCK:** Celebrate 50 years of peace, love, and music. **JULY 29-AUG 2**



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Are you volunteering to fulfill a professional or class requirement? Y / N

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

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	DATES WORKED	PHONE NUMBER	BRIEF DESCRIPTION OF EXPERIENCE

PARENTAL CONSENT *(If under 18 years of age)*

I give my consent for my child/ward to participate in the Theatre Under The Stars (TUTS) Supporting Cast volunteer program upon successful completion of required volunteer orientation.

I release Theatre Under The Stars, Inc., its representatives, Board of Directors, and staff from any and all liability for the actions of my child/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 child/ward arising from their service as a volunteer.

Signature of Parent/Guardian

Date

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

Volunteer Signature

Date

Please contact Hilary Pircher, Program Coordinator, with any questions. We look forward to working with you!