



## Spring 2020 Volunteer Application

**Please Note: Volunteers must sign up for a minimum of 3 Saturdays from January 18 to March 14, plus the recital on March 21. Hours are 9am-12:30pm. New volunteers must attend orientation. The minimum age to volunteer independently is 15 years old.**

### 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  Latino  Asian  Native American

Multi-Racial  Other: \_\_\_\_\_

National Charity League Chapter, if any: \_\_\_\_\_

### 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

**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 Age Group Placement:  4-7  8-12  13-18  19-Young Adult**

**Please list any experience in the arts and/or working with people who have disabilities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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 provided is true to the best of your knowledge.*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Please contact Hilary Pircher, Program Coordinator, at [hilary.pircher@tuts.com](mailto:hilary.pircher@tuts.com) with any questions. We look forward to working with you!