



Summer 2020 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. 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 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

Please select your preferred camp session(s):

- AUDITION BOOT CAMP:** Paying homage to *The Little Mermaid* while polishing audition prep skills, stage presence, dance, and vocals. **JUNE 15-19**
- ALL AMERICAN:** Saluting all things red, white, & blue through the song and dance of it all. **JUNE 22-26**
- MUSIC MAN:** Discover the trouble in River City with this toe-tapping musical chock full of show tunes. **JULY 6-10**
- JUKEBOX MUSICALS:** Popular music takes center stage as we tell the stories of musicians. **JULY 13-17**
- OLYMPIC SPIRIT:** Kick off the Summer Olympics with us and serenade the sports world. **JULY 20-24**
- RHYTHM, FUNK, & SOUL:** Celebrate the music of Motown. **JULY 27-AUG 31**



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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? _____

Check box if you have experience in the following disciplines: Music Art Acting Dance

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

**Assignments are based on enrollment by week. We cannot guarantee placement with your preferred class/age group.*

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

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 with any questions. We look forward to working with you!