

# Volunteer Usher and Docent Application and Liability Waiver

The Grand Theatre Center for the Arts welcomes your interest in our Volunteer Program. To provide a clear understanding of your background and your desire to serve as a volunteer, please complete all of the information below.

## Please Type or Print Clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ Mobile Phone: (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Date of Birth (only if under 18): \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

I am most interested in volunteering as (check all that apply)

Usher      Docent      Arts Education      Gallery Assistant

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_  
Organization: \_\_\_\_\_ Duties: \_\_\_\_\_  
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Do you have any physical restrictions, such as problems standing for long periods or climbing stairs?

No      Yes      If yes, explain: \_\_\_\_\_

When are you available?

Mon      Tues      Wed      Thur      Fri      Sat      Sun  
hrs: \_\_\_\_\_ hrs: \_\_\_\_\_ hrs: \_\_\_\_\_ hrs: \_\_\_\_\_ hrs: \_\_\_\_\_ hrs: \_\_\_\_\_ hrs: \_\_\_\_\_

How many times a month would you be interested in volunteering?      1-2      3-4      5-6

Have you ever been convicted of a felony?      Yes      No

I hereby release the City of Tracy, its employees, agents, officers, volunteers, and joint powers authorities of which it is a member, from any and all claims, demands, rights, and causes of action that may arise from my volunteer work with the City of Tracy.

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Tracy to investigate any and all information contained in this application and conduct a background check.

If I am accepted as a volunteer, I understand that I am offering my services of my own free will, without any expectation of compensation, health or life insurance, or any other employee benefits of any kind. I understand that I will be required to attend training, comply with the rules as outlined in the volunteer manual and follow the appropriate dress code.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(required if applicant is under 18 years of age)