

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: _____
Organization: _____ Duties: _____

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)