

# SAINT JOHN THEATRE COMPANY

## VOLUNTEER INFORMATION FORM

**PLEASE PRINT NEATLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Business \_\_\_\_\_

*In what area(s) are you interested in volunteering?*

- |                                             |                                              |                                           |
|---------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Acting             | <input type="checkbox"/> Make-Up             | <input type="checkbox"/> Special Events   |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Promotions          | <input type="checkbox"/> Ticket Sales     |
| <input type="checkbox"/> Costumes           | <input type="checkbox"/> Poster Distribution | <input type="checkbox"/> Stage Management |
| <input type="checkbox"/> Directing          | <input type="checkbox"/> Props               | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Set Construction    |                                           |
| <input type="checkbox"/> Hair               | <input type="checkbox"/> Set Design          |                                           |
| <input type="checkbox"/> Load-In / Load-Out | <input type="checkbox"/> Set Painting        |                                           |
| <input type="checkbox"/> Lighting           | <input type="checkbox"/> Sound               |                                           |

### CONSENT AND WAIVER OF LIABILITY AGREEMENT

I consent to Saint John Theatre company collecting information contained herein provided that it is not shared sold, or given to any other organization. The information will be used to communicate periodic electronic updates on company auditions, crew calls, show information, promotion, workshops and newsletters.

I understand that I will be participating in various events with The Saint John Theatre Company Inc., (the "Theatre Company") including, but not limited to, social events, acting, set construction, moving props, make-up, hair, workshops, directing and rehearsal (the "Events") at its premises and at various locations, including, but not limited to, various premises and locations (the "Property") throughout the greater Saint John area.

In consideration of being permitted by the Theatre Company to access/use the Property to participate in the Events, I hereby forever remise, release, discharge and agree to hold harmless the Theatre Company, its respective employees, officers, directors, members, agents or assigns, from any liability, claims, causes of action, suits or demands, which I have, have had, or may ever have with respect to any injury or damage to me or loss occurring to me as a result of, in respect of or arising from, my participation in the Events, whether such injury, damage or loss is caused by the negligence or inadvertence of any employee, officer, director, agent, or member of the Theatre Company.

The implications of this Waiver of Liability have been explained to me and I understand them. I further agree that this agreement is made of my own free will and without duress.

Signed at Saint John this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
WITNESS (Sign and Print)

\_\_\_\_\_  
PARTICIPANT (Sign and Print)