

FORT WAYNE CIVIC THEATRE VOLUNTEER APPLICATION

TM: _____

Name: _____ Pronouns: _____ Birthdate: _____

Primary Email: _____

- Home
 Work

Address: _____ City, State, Zip: _____

Home: _____ Cel: _____ Work: _____

Primary

Primary

Primary

Position(s) interested in: Acting Dancing Singing

Backstage Crew Costumes Dressing Flyrail Hair Light Board

Lighting Tech Make-up Painting Prop Crew Prop Master Set Building

Sound Board Sound Design Spotlight Stage Mgr. Stage Mgr. Asst.

Other _____

Experience/Skills (or attach resume): _____

Are you physically able to lift 50 lbs? Yes No

Are you able to climb multiple flights of stairs? Yes No

Are you able to stand for long periods of time? Yes No

Please list any medical conditions that Fort Wayne Civic Theatre should be aware of (food allergies, light sensitivity):

Do you have a valid driver's license? Yes No

Do you maintain personal Auto Liability insurance in an amount
no less than \$100,000 for bodily injury and property damage? Yes No

Have you ever been convicted of a felony or misdemeanor crime
other than traffic related? Yes No

If yes, please explain the nature of the crime and date of conviction and disposition.

Emergency Contact:

Name: _____ Relationship: _____

Telephone Number(s): _____

Address: _____ City, State, Zip: _____

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as a volunteer or my termination as a volunteer. Volunteer applications must be submitted and signed for each season and expire June 30 following the date they are signed. It is the volunteer's responsibility to update contact/emergency contact information should it change prior to June 30.

Volunteer Printed Name

Date

Volunteer Signature

Signatures below line for additional shows per season

COMPLETE BOTH SIDES

Fort Wayne Civic Theatre reserves the right to use any photograph/video taken at any event, performance or rehearsal without the expressed written permission of participants. Fort Wayne Civic Theatre may use the photograph/video in publications or other media material produced, including but not limited to: brochures, invitations, books, newspapers, magazines, television, websites, all social media platforms, streaming, etc.

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

I desire to provide volunteer services for Fort Wayne Civic Theatre, an Indiana not-for-profit corporation ("Organization") and an affiliate of an affiliate organization of Arts United of Greater Fort Wayne, Inc., an Indiana not-for-profit corporation ("Arts United").

1. **Volunteer Status.** I understand that (a) the scope of my relationship with Organization is limited to a volunteer position and that no compensation is expected in return for services I provide as a volunteer; (b) neither Organization nor Arts United will not provide me any benefits traditionally associated with employment; (c) I am not covered by Organization's or Arts United's worker's compensation insurance, health insurance, disability insurance or any other similar coverage; and (d) I am responsible for my insurance coverage in the event of personal injury or illness as a result of my services as a volunteer to Organization. I am physically able, with or without accommodation, to participate as a volunteer. I understand I may decline to perform any volunteer role or duties. I agree to advise Organization of any preexisting condition(s) that may preclude my involvement in any activity to be performed as a volunteer.

2. **Waiver and Release of Liability.** I acknowledge that serving as a volunteer may involve a risk of personal injury (including fatal injuries) and property damage. I knowingly ASSUME ANY AND ALL RISKS associated with my volunteer experience. I, for myself, my personal representatives and all others who might have a similar claim, hereby IRREVOCABLY AND UNCONDITIONALLY FOREVER RELEASE, WAIVE AND DISCHARGE any and all charges, complaints, claims, liabilities, obligations, promises, agreements, controversies, damages, actions, suits, rights, demands, costs, losses, debts and expenses arising directly or indirectly from my volunteer experience (collectively, "Claims") against Organization, Arts United or any of their respective affiliates, owners, predecessors, successors, assigns, agents, directors, officers, employees and representatives (the "Released Parties"). I understand that this Section 2 applies to all Claims of any nature whatsoever, whether known or unknown, suspected or unsuspected, foreseen or unforeseen.

3. **Hold Harmless.** I agree to DEFEND, INDEMNIFY AND HOLD HARMLESS any of the Released Parties from any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind (including without limitation attorneys' fees) that are incurred or suffered by any of the Released Parties (collectively, "Losses") on account of any and all third party charges, complaints, actions, suits, demands and claims (collectively, "Third-Party Claims") arising directly or indirectly from my failure to comply with the terms and conditions of this Agreement or my negligent act(s) or omission(s) or reckless or willful misconduct in connection with my volunteer services with Organization.

4. **Consent.** Without limiting the foregoing, (a) in the event I sustain a personal injury as a result of my services as a volunteer to Organization, I authorize all necessary medical treatment that may be prescribed by qualified medical personnel, and I agree that I will be solely responsible for payment of all costs arising from any such injury and medical treatment; and (b) I consent to the use of my name and/or photograph or likeness by Organization without any compensation or inspection.

5. **General Provisions.** (a) Any proposed amendment, discharge, termination or change to this Volunteer Release and Waiver of Liability ("Release") must be in writing and authorized by Organization in writing. (b) The waiver by Organization of a breach of any provision of this Release shall not operate or be construed as a waiver of any subsequent breach, and no waiver shall be valid unless it is in writing and is signed by the party against whom such waiver is sought. (c) I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and that this Release is to be construed in accordance with the laws of the State of Indiana, and any dispute regarding the matters set forth herein shall be resolved in the federal or state courts sitting in Allen County, Indiana. (d) I expressly agree that if any provision of this Release is held invalid, that the balance of the Release shall, notwithstanding, continue in full legal force. (e) I understand that the terms and conditions of the following provisions of this Agreement will survive my completion of the volunteer experience with Organization: Sections 2, 3, 4 and 5.

Initial the applicable statement:

_____ I am at least 18 years old. I have carefully read this Release in its entirety and know its contents.

_____ I am under the age of 18 or have a legal disability. I have carefully read this Release in its entirety and know its contents. My parent or legal guardian has signed this Release on my behalf.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

As parent or legal guardian of the Volunteer named above who is under the age of 18 or who has a legal disability, I hereby represent that I have carefully read this Agreement in its entirety and know its contents and hereby sign this Agreement on behalf of the Volunteer named above.

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____