



Simcoe Little Theatre
33 Talbot Street North, Box 324,
Simcoe, ON N3Y 4L2
519-426-7620
www.simcoelittletheatre.org

VOLUNTEER REGISTRATION FORM

The information requested on this form is in accordance with the Personal Information Protection & Electronic Documents Act.

(Please print)

Date of Registration:

Volunteer since (date):

Name:

Address (including town/city and postal code):

Phone(s): (h)

(c)

(w)

Email:

Health Card # (optional)

In case of emergency please notify:

Relationship (optional):

Telephone(s):

Please provide information about concerns that might impact your volunteer activities (e.g. allergies, health concerns, mobility restrictions, etc.)

Permissions/ Waivers

- I GIVE / DO NOT GIVE** permission for the information provided on this form to be shared by the SLT Board / Executive and Volunteer Coordinator with other SLT Volunteers. *(please circle and initial preferred answer)*
- I GIVE / DO NOT GIVE** permission for my photograph, image, likeness, performance, or voice to be recorded. *(please circle and initial preferred answer)*
In giving permission, I understand that my photo/likeness and/or voice could be recorded and used - at the discretion of the Board of Directors of Simcoe Little Theatre and / or Production Director / Teams - in community and social media, promotional material, video recordings, radio, etc. in the promotion of the theatre, its productions and work in the community. Simcoe Little Theatre confirms its responsibility to handle all images and recordings with professionalism and respect for my privacy.
- I am 18 years of age or older, or have also obtained the signature of my parent / legal guardian as indicated on this form.
- If at any time, due to circumstances such as an accident or sudden illness, emergency medical treatment is required (and my guardian / emergency contact cannot be contacted), care may be given by private physician or hospital. I consent to emergency transportation by ambulance if necessary. I realize I will be held financially responsible for all transport and medical costs incurred.

I agree to observe and respect the policies and procedures of Simcoe Little Theatre

Signature:

Date

Parent / Guardian (for volunteers under 18)

Date

For more information please contact the Volunteer Coordinator at 519-426-7620
or email simcoelittletheatrevolunteer@gmail.com

SLT Volunteer Registration Form

Name of Volunteer:			
Please tell us about your background / interests in theatre: <i>(can also attach resume or additional info on separate sheet)</i>			
What kind of volunteer role(s) are you interested in?			
<input type="checkbox"/> Actor / Actress <input type="checkbox"/> Advertising <input type="checkbox"/> Bar Help <i>(SmartServe required)</i> <input type="checkbox"/> Box Office <input type="checkbox"/> Board of Directors <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Choreography <input type="checkbox"/> Costumes / Wardrobe <input type="checkbox"/> Director / Producer <input type="checkbox"/> Diversity Initiatives <input type="checkbox"/> 50/50 and Raffle Ticket Sales <input type="checkbox"/> Fundraising / Grant Writing <input type="checkbox"/> Gift Wrapping <input type="checkbox"/> Lighting <input type="checkbox"/> Make-up / Hair <input type="checkbox"/> Memberships / Subscription Sales <input type="checkbox"/> Music / Dance <input type="checkbox"/> Newsletter <input type="checkbox"/> Playbill <input type="checkbox"/> Props <input type="checkbox"/> Publicity / Public Awareness <input type="checkbox"/> Set Design / Construction <input type="checkbox"/> Singer <input type="checkbox"/> SLT History <input type="checkbox"/> Sound <input type="checkbox"/> Special Events <i>(includes Festival / Fair Booths)</i> <input type="checkbox"/> Stage Management / Crew <input type="checkbox"/> Ushering / Front of House <input type="checkbox"/> Videotaping <input type="checkbox"/> Volunteer Services <input type="checkbox"/> Website			
How did you hear about this volunteer opportunity?			
<u>Vulnerable Sector Check / Security Clearance</u>			
<i>Required to comply with requirements regarding accountability and working with designated "Vulnerable Populations." Original must be shown to / verified by Volunteer Coordinator / Designate</i>			
Date of most recent clearance :			
<p><i>Please Note:</i> <i>SLT reserves the right to request references (2 - not family) when you are volunteering for the following positions: Board of Directors, Production Directors, Production Team members and others at the discretion of the BOD.</i></p>			

<u>For Office Use Only</u>			
Age requirement - Parent / Guardian approval		Yes	N/A
Vulnerable Sector Check	Submitted / in process	Date received:	Expiry date:
References	Submitted / in process	Checked (date):	
Registration Information Verified By:		Date:	

SLT proudly supports equality, respecting everyone's uniqueness

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Thank you for your interest in volunteering with Simcoe Little Theatre