



Simcoe Little Theatre  
33 Talbot Street North, Box 324  
Simcoe ON N3Y 4L2  
519-426-7620  
[www.simcoelittletheatre.org](http://www.simcoelittletheatre.org)



*SLT proudly supports equality, respecting everyone's uniqueness.*

## **VOLUNTEER REGISTRATION FORM**

*Please print your responses.*

Date:

Volunteer Since:

Name:

Full Address, including postal code:

Phones: (h)

(c)

(w)

Email:

Emergency contact:

Relationship (optional):

Phone(s):

Conditions that might affect your activities, e.g., allergies, other health concerns, mobility restrictions:

Health Card: (optional)

### **Permissions/Waivers**

1. I GIVE  / DO NOT GIVE  permission for the information provided on this form to be shared by the SLT Board and Volunteer Coordinator with other SLT Volunteers. *(Please check and initial your answer.)*
2. I GIVE  / DO NOT GIVE  permission for my photograph, likeness, performance, or voice to be recorded. *(Please check and initial your answer.)*  
In giving permission, I understand that my photo, likeness, or voice could be recorded and used—at the discretion of the Board of Directors or production 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.
3. I am 18 years of age or older, or have obtained the signature of my parent/legal guardian.
4. If, due to accident or sudden illness, I require emergency medical treatment (and SLT cannot reach my guardian/emergency contact), I consent to care being given by private physician or hospital and to emergency transportation by ambulance if necessary. I realize I will be held financially responsible for all transport and medical costs incurred.
5. I agree to respect and support my fellow volunteers in working toward the theatre's shared objectives.

Volunteer's Signature

Date

Signature of parent or guardian (for those under 18)

Date

**Continued on next page**

**Name:**

**What is your background or interest in theatre?** *Attach resumé or separate sheet (optional).*

**How did you hear about volunteering at SLT?**

**Check  the volunteer roles you are interested in.**

<input type="checkbox"/> Actor	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> Bar Help ( <i>SmartServe required</i> )
<input type="checkbox"/> Singer	<input type="checkbox"/> Hair, Makeup	<input type="checkbox"/> 50/50, Raffle Ticket Sales
<input type="checkbox"/> Musician	<input type="checkbox"/> Props	<input type="checkbox"/> Building Maintenance
<input type="checkbox"/> Choreographer	<input type="checkbox"/> Lighting	<input type="checkbox"/> Advertising
<input type="checkbox"/> Dancer	<input type="checkbox"/> Sound	<input type="checkbox"/> Publicity, Public Awareness
<input type="checkbox"/> Director	<input type="checkbox"/> Crew	<input type="checkbox"/> Photography
<input type="checkbox"/> Producer	<input type="checkbox"/> Playbill	<input type="checkbox"/> Programs and Graphic Design
<input type="checkbox"/> Stage Manager	<input type="checkbox"/> Box Office	<input type="checkbox"/> Website/Social Media
<input type="checkbox"/> Set Designer	<input type="checkbox"/> Usher	<input type="checkbox"/> Fundraising, Grant Writing
<input type="checkbox"/> Set Builder	<input type="checkbox"/> Volunteer Services	<input type="checkbox"/> Gift Wrapping
<input type="checkbox"/> Set Painter, Decorator	<input type="checkbox"/> Diversity Initiatives	<input type="checkbox"/> Board of Directors
<input type="checkbox"/> Special Events, e.g. Festivals, County Fair booth		

**Please Note:** SLT may request two references (not family) for volunteers for the Board of Directors, production teams or other positions, at the discretion of the Board.

**Vulnerable Sector Check/Security Clearance**

This check is mandatory in order for SLT to comply with requirements of accountability and working with vulnerable populations. The original must be shown to and verified by the Volunteer Coordinator or designate.

**Date of most recent clearance:**

***Thank you for your interest in volunteering with Simcoe Little Theatre.***

Email a scan of page1 **and** page 2 to the volunteer coordinator:

[simcoelittletheatrevolunteer@gmail.com](mailto:simcoelittletheatrevolunteer@gmail.com)

You can also mail the form or drop it off at the theatre (*call ahead to confirm someone is there*).

<b>For Office Use Only</b>			
<b>For under-18 applicant: parent or guardian approval</b>		<b>Yes</b>	<b>No</b>
<b>Vulnerable Sector Check</b>	<b>Submitted or in progress</b>	<b>Date received</b>	<b>Expiry date</b>
<b>References</b>	<b>Submitted or in progress</b>	<b>Date checked</b>	
<b>Registration information verified by</b>		<b>Date</b>	