

# Sheboygan Theatre Company Volunteer Application Form

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
E-mail address \_\_\_\_\_ Occupation \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Participation Interests

*Backstage volunteers under the age of 12 must be accompanied by an adult.*

*Pl ease circle all of your areas of interest.*

Costumes	Sound	Props	Front of House	Office / Rec Dept
Makeup	Set Construction	Running Crew	(Ushering, Ticket taking,	Education
Lights	Set Painting	Stage Management	Concessions, Box Office)	Committee(s)

**Please list any previous performing experience (song, dance, training, special skills such as juggling, acrobatics, etc. on the back of this form. No need for an entire performance background, but please give us enough to have an idea!**

### BACKGROUND CHECK AUTHORIZATION *(Please note this is only necessary for volunteers 18 and up; SASD employees are exempt)*

In order to provide a safe and healthy environment for our students and volunteers, please understand that we may need to check references and review relevant public documents regarding criminal activity of any persons who are in contact with our students. For this reason, please provide information as requested below:

Have you resided in any other state in the last 10 years? ☐ Yes ☐ No If yes, which state(s)? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I authorize the Sheboygan Area School District to process my application for serving as a volunteer by reviewing my background. This may include checking references and reviewing relevant public documents regarding criminal activity. The District reserves the right to conduct a background check, through the Wisconsin Crime Information Bureau. I hereby release the Sheboygan Area School District, its employees, representatives, and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting the District permission to do said background check as the District deems necessary.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been arrested, charged or convicted of a crime? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Authorization to Volunteer and for Emergency Medical Treatment**

I, as the volunteer or parent/legal guardian of the above-named person, hereby give permission for his/her/my participation in volunteer activities with the Sheboygan Theatre Company. I further authorize, without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in volunteer activities.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Please return this form to Sheboygan Theater Company in person, by mail or by email to:**

Sheboygan Theatre Company  
607 South Water Street, Sheboygan, WI 53081  
OR

Sheboygan Theatre Company  
c/o Horace Mann Middle School  
2820 Union Ave., Sheboygan, WI 53081  
OR

[ierdman@sasd.net](mailto:ierdman@sasd.net)