

RUTH ECKERD HALL

RICHARD B. BAUMGARDNER CENTER FOR THE PERFORMING ARTS

VOLUNTEER APPLICATION

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

WHERE DID YOU LEARN ABOUT THE RUTH ECKERD HALL PERFORMING ARTS VOLUNTEER PROGRAM?

- WEBSITE PUBLICATION _____ TV/RADIO _____
 PERFORMANCE REH VOLUNTEER _____ OTHER _____

WHAT IS YOUR CURRENT WORK STATUS?

- FULL TIME UNEMPLOYED
 PART TIME STUDENT
 RETIRED IF STUDENT, NAME OF SCHOOL/UNIVERSITY _____

PLEASE LIST DAYS/HOURS YOU WOULD BE AVAILABLE TO VOLUNTEER:

- MONDAY MORNING
 TUESDAY AFTERNOON
 WEDNESDAY EVENING
 THURSDAY
 FRIDAY
 SATURDAY/SUNDAY

ARE YOU CURRENTLY A VOLUNTEER & IN WHAT CAPACITY? YES NO _____

WORK AND/OR VOLUNTEER EXPERIENCE: PLEASE DESCRIBE YOUR WORK & VOLUNTEER HISTORY

Computer Skills:

- PowerPoint
- Excel
- Word
- Publisher
- Other _____

Other Skills:

- General Office
- Data Entry
- Customer Service
- Sales (Concessions)
- Painting/Maintenance
- Technical Production
- Graphic Design
- Other _____

I AM INTERESTED IN VOLUNTEERING AS/IN: PLEASE CHECK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Usher | <input type="checkbox"/> General Labor/Painting |
| <input type="checkbox"/> Community Events/Festivals | <input type="checkbox"/> Mailroom |
| <input type="checkbox"/> Education/Summer Camps | <input type="checkbox"/> Technical Production |
| <input type="checkbox"/> Office/Administration | <input type="checkbox"/> Other _____ |

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR REH?

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE?

IN CASE OF AN EMERGENCY, NOTIFY:

NAME _____ PHONE _____

RELATIONSHIP _____ CITY, STATE _____

APPLICANT SIGNATURE

DATE

Please email this application to:
Volunteer@rutherfordhall.net

Thank you for submitting an application to volunteer at Ruth Eckerd Hall. Our Event Services Manager will contact you as positions become available.

New Usher recruitment takes place annually in mid May.

Please Note: For the first year only, New Usher Volunteer recruits MUST be available for all training during the months of May through October.

BACKGROUND CHECK RELEASE FORM

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Ruth Eckerd Hall, Inc. may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent Ruth Eckerd Hall, Inc. to do so.

II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

IV. I hereby authorize, without reservation, any one contacted by Ruth Eckerd Hall, Inc. to furnish the information described in Section 1.

V. I hereby authorize, without reservation, Ruth Eckerd Hall, Inc. to contact my present or former employer for employment verification/references.

APPLICANT - PLEASE COMPLETE THE FOLLOWING:

Please print full name

Date of Birth

Other Names You Have Used

Social Security Number

Current Address

If less than 5 years at current address, please list former address

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record? No Yes **If yes, please explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.)

Signature

Date

RUTH ECKERD HALL

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Volunteer Letter of Agreement - General

I, _____, represent that I am at least 18 years old. I have decided to assist Ruth Eckerd Hall (“REH”) in its mission to engage the community to master, experience, discover, and explore quality performing arts by volunteering my services to REH. The volunteer work that I am performing for REH is for my own benefit and the benefit of the general public.

I understand, intend, and agree that I am a volunteer, and I intend any services I perform under this Agreement to be performed strictly in a volunteer capacity. I further understand and agree that I will not be entitled to compensation for my services from REH. My time and service in this volunteer capacity are given without promise, expectation or receipt of any form of compensation, benefits or other remuneration for this service. I further understand and agree that I do not and will not become an employee of REH for any purpose by reason of the services I am volunteering.

I further agree that no particular schedule or hours of service are guaranteed for the volunteer work with REH.

I understand and agree that by voluntarily providing my services to REH, I assume all risks of the activities and services at my assignment. I further understand that I do not qualify for workers’ compensation benefits. I agree, for myself, for my heirs, successors and assigns, that I release REH, its Board of Directors, employees, and agents, from any and all claims, damages, and injuries, including injuries to person or property, arising out of activities or services at my volunteer assignment. I further agree, for myself and for my heirs, successors and assigns, that I shall defend, indemnify and hold harmless REH, its Board of Directors, employees, and agents from and against any losses, claims, expenses and demands, including attorneys’ fees, that are related, directly or indirectly, to any injury, illness or death arising from or in connection with activities at my volunteer assignment.

My signature acknowledges that I have read, understand, and agree to the above-mentioned conditions and expectations.

Volunteer’s Signature

Date