



SMITHS FALLS COMMUNITY THEATRE VOLUNTEER/PERFORMER FORM



THANK YOU FOR YOUR INTEREST IN **VOLUNTEERING AND/OR PERFORMING** WITH OUR THEATRE PLEASE FILL OUT THE FOLLOWING FORM FOR CONTACT PURPOSES AND RECORD PURPOSES:

NAME: _____

PRONOUN(S): _____

PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

ALLERGIES and/or DIETARY REQUIREMENT: _____

How did you hear about/become interested in volunteering or performing for our theatre?

AREAS OF INTEREST/PARTICIPATION

- | | | |
|--|--|--|
| <input type="checkbox"/> ACTING | <input type="checkbox"/> DIRECTING | <input type="checkbox"/> SETS (BUILDING/PAINTING) |
| <input type="checkbox"/> COSTUMES | <input type="checkbox"/> PROPS | <input type="checkbox"/> HAIR/MAKEUP |
| <input type="checkbox"/> LIGHTS/SOUND | <input type="checkbox"/> BACKSTAGE | <input type="checkbox"/> FRONT OF HOUSE (USHER, TICKETS) |
| <input type="checkbox"/> YOUTH THEATRE CHAPERONE | <input type="checkbox"/> MUSIC DIRECTION | <input type="checkbox"/> ADVERTISING/PROMOTION |
| <input type="checkbox"/> SFCT BOARD | <input type="checkbox"/> Other _____ | |

Please note: If you are over 18 and interested in working on youth productions, we will need you to provide a Vulnerable Sector Check.

PRIVACY CONSENT – As a member of the cast/crew of any SFCT production, my name and photograph may be published in newspaper, social media, the newsletter and/or the SFCT website. I will not use or disclose personal information of any SFCT member to a third party for any reason.

CODE OF CONDUCT – I have read and agree to abide by the SFCT Code of Conduct.

Signature Date

SFCT Waiver form for Youth Members (for youth under the age of 18)

Parent or Guardian Name Email Address

Parent or Guardian Signature Date