

Disney's Winnie the Pooh Kids Technical Crew Registration

Thank you for your interest in volunteering for Technical Crew for the Roberta Jones Junior Theatre production of *Disney's Winnie the Pooh Kids*.

If you would like to participate in Technical Crew, it is important that you are able to make the full time commitment and are able to follow Junior Theatre rules. Please review the attached Technical Crew Schedule and RJJT Rules Sheet and make sure you are able to attend all rehearsals and follow all of our rules.

To participate in Technical Crew, please return this completed form, along with the attached volunteer forms, by Friday, May 31st. For your convenience, you may fax these forms to Kevin Cornelius at 408-261-9146, or return the completed forms to the CRC front desk.

| Name: |
|--|
| Age: |
| Address: |
| Phone: |
| T-Shirt Size (Circle 1): Youth S Youth M Youth L Adult Small Adult Medium Adult Large Adult XL |
| "I would like to participate in Technical Crew for the RJJT production of <i>Disney's Winnie the Pooh Kids</i> . I have read the Technical Crew Schedule and RJJT Rules and agree to attend all rehearsals/performances and follow all RJJT rules." |
| (Signature of Participant) |
| "I understand that my child would like to participate in Technical Crew for the RJJT production of <i>Disney's Winnie the Pooh Kids</i> . I have reviewed the Technical Crew Schedule and RJJT Rules. I agree that my child will be able to attend all scheduled rehearsals/performances and follow RJJT rules." |
| (Signature of Parent/Guardian) |

Kevin Cornelius
Recreation Supervisor/Junior Theatre Director
City of Santa Clara Parks and Recreation Department
Community Recreation Center
969 Kiely Blvd
Santa Clara, CA 95051
(408) 615-3161
kcornelius@santaclaraca.gov
www.RJJT.org





Crew Schedule—Disney's Winnie the Pooh Kids

Wednesday, June 5— 4:15 pm-6:30 pm

Saturday, June 8—DRESS REHEARSAL 10:00 am-1:00 pm

Tuesday, June 11—DRESS REHEARSAL 4:15 pm-6:45 pm

Wednesday, June 12—DRESS REHEARSAL 4:15 pm-6:45 pm

Thursday, June 13—DRESS REHEARSAL 4:15 pm-6:45 pm

Friday, June 14—PERFORMANCE 5:30 pm- 8:00 pm

Saturday, June 15—PERFORMANCE 12:30 pm- 3:00 pm

Sunday, June 16—PERFORMANCE, plus cast/crew party 12:30 pm- 4:00 pm

Kevin Cornelius Junior Theatre Director City of Santa Clara Parks and Recreation Department 969 Kiely Blvd Santa Clara, CA 95051 (408) 615-3161

Disney's Winnie the Pooh Kids Crew Member Rules and Responsibilities

Since its inception in 1968, Roberta Jones Jr. Theatre has maintained high standards of performance in producing high quality musicals, dramas, touring company programs, creative dramatics, and technical classes. You are joining a heritage of outstanding theatre for young people. By becoming a cast or crewmember of RJJT you are agreeing to adhere to the following standards as a requirement for continued participation. We welcome you to this wonderfully fun and educational environment.

A Special Note Regarding Responsibility

Please take your commitment to our production very seriously. The safety of all our cast and crew depends upon all crew members being present for all rehearsals and performances. Please do not join our crew if you cannot be at all of your scheduled rehearsals and performances. Once rehearsals have started, if you are given the opportunity to participate in something else that conflicts with our schedule, please remember that you have made a commitment to over 80 people to be here. We can't do our production without 100% commitment from everyone involved.

Participant Responsibilities

In order to treat all participants equally and to achieve the best production possible, RJJT stresses the importance of personal responsibility and total commitment. The staff expects the participants to follow all of the attendance and participation rules. If you cannot follow these rules there will be certain consequences for your actions. These consequences are listed at the end of this form.

- 1. All participants and staff members are entitled to proper respect from each other.
- RJJT is a drug-free environment. Smoking or the use of drugs and alcohol will not be permitted anywhere on the Mission City CPA or CRC/Central Park grounds before, during or after RJJT rehearsals and performances.
- 3. Participants must show respect for all public and private property.
- 4. Please refrain from running, pushing, and engaging in horseplay in the Community Recreation Center. Fighting will not be tolerated at any time.
- 5. No profanity or inappropriate language/gestures are allowed.
- 6. Hands and feet are to be kept to yourself.
- 7. It is important during rehearsals to be quiet and attentive. Do not bring noisy toys such as a Gameboy, or a CD player, etc. Participants not directly involved in a rehearsal should bring books or something quiet to do.

- 8. For safety reasons, there will be no gum chewing at any time.
- 9. You must remain in the auditorium or other rehearsal area during rehearsals. If you need to leave to use the restroom, you must sign out with a staff member in charge.
- 10. No food or drink (except bottled water) will be allowed in the auditorium, or backstage areas during rehearsals or performances. Appropriate eating areas will be provided when necessary.
- 11. Always bring a pencil and your script/technical notes to each rehearsal.
- 12. Bare feet or sandals are not permitted on stage at any time due to the possibilities of injury.
- 13. You may be required to wear all black clothing and shoes if you are working on backstage crew.
- 14. Please do not bring valuables, expensive electronic equipment or large amounts of cash to any rehearsal or performance. We are not responsible for lost, stolen or damaged personal belongings.

Attendance Responsibilities

It is imperative that you attend all rehearsals for which you are scheduled! If you miss a rehearsal without pre-approval, the staff will decide on a consequence depending on the severity of the disruption. So, clear your calendars so that you can be at ALL of your rehearsals. This also applies to medical or dental appointments and vacations. Should you be extremely ill and unable to attend rehearsal you must call (408) 615-3156 at least 30 minutes before rehearsal (please leave a message).

You must be on time and stay until the end of rehearsal. Please arrive between ten and fifteen minutes before the scheduled start time, and be ready to begin rehearsing at the scheduled start time. If there is an attendance problem we will communicate with the parent and then the staff will make the decision about your continued participation in the production. We will also call you if you fail to come to rehearsal when scheduled. This is to find out why there is an absence and to make sure that you are safe.

<u>IF YOU FAIL TO ATTEND A PERFORMANCE OR A DRESS REHEARSAL YOU</u>

<u>WILL NOT BE ALLOWED TO PARTICIPATE IN THE SHOW.</u> The staff may make an exception to this general rule under very unusual circumstances.

Consequences

The consequences for talking, interrupting, or engaging in any disruptive behavior during a rehearsal will be as follows:

- First Occurrence: You will be issued a verbal warning
- **Second Occurrence**: You will sit in a separate assigned area for an amount of time to be determined by the staff.
- Consequences for other infractions will include, but not necessarily be limited to the following:
 - 1. You will sit in a separate assigned area for an amount of time to be determined by the staff.
 - 2. You may be assigned special work projects to be done as scheduled.
 - 3. Your parents will be called and made aware of the problem.
 - 4. You will be suspended from a rehearsal and removed from a portion of the show.
 - 5. You can be dropped from the program.

These rules have been put in place to ensure a fair, safe, and fun environment for everyone involved. Should any problem not specifically covered by these rules arise, it will be handled in a matter deemed appropriate by the entire staff. The RJJT has a long history of producing high quality shows and outstanding young adults. The primary goal of the RJJT has always been to develop in each member a sense of responsibility and respect for others. We sincerely hope that the lessons learned here will benefit each member in his/her future and serve as a reminder of how much fun it can be to work as a team toward a common goal.



CITY OF SANTA CLARA VOLUNTEER APPLICATION



This form must be completed by anyone volunteering for an assignment other than a specific Special Event.

| PERSONAL INFORMATION. | | | | | | |
|---|-------------------------|---------------|-----------------|--|------------------------|------------------|
| Name | | | | | Date | |
| Address | | | | | | |
| Home Phone: | | Cell Phon | e: | | Work Phone: | |
| E-mail: | | | Date | e of Birth: | Driver's Lic | ense # |
| EDUCATION BACKGROUND | | | | | | |
| Circle the highest grade of | | | | | | |
| High School Graduate: 🗖 Y | es 🗖 No If no, passed | d High School | Equivalen | cy Test: 🗖 Yes 🗖 No | | |
| Major, Graduate School De | egree, etc.: | | | | | |
| Name and Location of Coll | ege: | | | | | |
| WORK EXPERIENCE (optional | l) | | | | | |
| Are you presently employed Employed full-time Full-time student | | | ☐ Looking for v | work | | |
| Last three (3) employers or | name of school: | | | | | |
| Employers or name of scho | ol: | | | | Job Title or School Ye | ar: |
| Address: | | | | | | |
| Employers or name of scho | | | | | Job Title or School Ye | ar: |
| Address: | | | | - | | |
| Employers or name of scho | | | | | Job Title or School Ye | ar: |
| Address: | | | | | | |
| DEFEDENCES | | | | | | |
| We ask that you provide at | | | | | | |
| Name: | | | | | Phone Number: | |
| E-mail: | | | | How long | has this person known | λοn _s |
| Name: | | | | | Phone Number: | |
| E-mail: | | | | How long | has this person known | λοn _s |
| | | | | | Phone Number: | |
| F 11: | | | | | has this person known | |
| VOLUNTEER EXPERIENCE & IF | NTEREST: | | | | | |
| What are your goals in volu | nteering? | | | | | |
| How did you hear about the | e volunteer program | ş | | | | |
| • | on. Tue. Wed. | | | Time Availability: | | |
| Afternoon: | | | | FlexibleOccasionallyWeekly | ☐ Monthly☐ Summer | |
| Would you be willing to be | "on-call" for special (| assignments? | | , | | |
| The length of commitment: | | _ | | | | |
| EVDEDIENCE. | | | | | | |
| | | | | | Position: | |
| Dates of volunteer work: | | | | | veek? | |
| | | | | | Position: | |
| | | | | | | |
| Dates of volunteer work: _ | | | | | | |
| Agency: Dates of volunteer work: | | | | Hours per w | Position: | |
| Dates of Autiliteer Mork. | | | | HOURS DAY W | NEEK. | |

MEDICAL INFORMATION SHEET

Please note any medical conditions or concerns (asthma, heart conditions, etc.)

| EMERGENCY CONTACT INFORMATIO | DN | |
|---|--|--|
| Name | | Relationship |
| | | |
| Home Phone: | Cell Phone: | State Zip Work Phone: |
| Note: This does not include conviction of a crime will not necesseriousness and nature of the violation | ons related to marijuana offenses that occurressarily disqualify you from volunteer employment on, and rehabilitation will be considered whe a separate piece of paper the circumstances | seven years (felony or misdemeanor)? Yes No ed two or more years before the date of application. ent. Factors such as the age and time of the offense, in making any volunteer employment decisions. If your surrounding such offense including place, date, name |
| otherwise on release pending trial? | ☐ Yes ☐ No ged with, the date of arrest and the court befo | y out on bail, out on your own recognizance or ere which the action is pending. Such an arrest will not |
| Are you a registered sex offender? | Tyes No | |
| VOLUNTEER CERTIFICATION AND AG | REEMENT (Initial each section and sign below) | |
| Letter of reference (upon reference) Worker's Compensation becards The same respect given to Ongoing evaluations and strength Perform my duties to the because Regular and prompt attentions. | allow the volunteer to meet the responsibilitie equest) enefits in case of injury. Must be a registered vipaid City staff and deference given to a valued to be a volunteer for the City of the City o | olunteer with the City and must regularly submit time table City asset of Santa Clara agree to the following: ossible when unable to work. Decreation Center at the end of each month |
| | I understand that falsification, misrepresentat | plete and correct to the best of my knowledge and ion, or omission of facts called for by this application |
| institutions, and law enforcement a release from liability the City of Sant | gencies, and otherwise verify the accuracy of | ation from all references, employers, educational f the information contained in this application. I hereby pathering and using such information and all other |
| If I become a volunteer, I ur end my volunteer position. | nderstand that I am free to resign at any time | and my volunteer employer reserves the same right to |
| I understand and agree that length time hinges on the quality of | • • | act for volunteer time for any definite duration. The |
| I understand and agree tha | t as a volunteer I may be fingerprinted. | |
| I represent and warrant that I have | read and fully understand the foregoing and | seek to volunteer under these conditions. |
| Signature of Volunteer | | Date |

Signature of Supervisor ______ Date _____

CITY OF SANTA CLARA, CALIFORNIA PROGRAM PARTICIPANT RELEASE OF LIABILITY FORM

| | | | Date |
|--|---|--|---|
| (PLEASE PRINT OR TYPE) | | | |
| Participant's Name | | | |
| Address | City | State | Zip |
| Home Phone: | | DOB: | |
| Parent's Name | | | |
| Address | LITIC ADDRESS | | |
| (IF DIFFERENT THAN PARTICIPA | NI.2 ADDKE22) | | |
| Council, representatives, employees, vol obligations, causes of action, and liability Program, | of Santa Clara, California, a chartered Counteers, agents and/or assigns, as well as of any kind, arising from the Participant's invor in connection with any work, labor, or se conducted and sponsored by | all other participan volvement in any eve ervices performed by | ts, from any and all claims nts conducted as part of the the undersigned for and or |
| | lete release covering any possible claims, conection with the | | e, involving personal injury o |
| connection with the the undersigned for or on behalf of City o | cifically limited to, any claim for any injuries Program related actions in connect r, regardless of which may be suffered | ion with any work, lak hether the undersigns | oor, or services performed by ed is actually participating ir |
| granted by City to the undersigned to | undersigned's participation in the enter onto City property or to participal ermission granted by City to the undersigne | ate in events and | activities sponsored by the |
| employees, volunteers and agents, from | pant agrees to protect, defend, hold han and against all claims, injury, liability, loss, in Participant's participation in the | cost, and expense, | arising out of, occurring by |
| ADULT PARTICIPANT | | | |
| Signature: | | Do | te |
| Print Name: | | | |
| PARENT OR GUARDIAN OF MINOR PARTICIF | PANTS | | |
| Name of Minor Child: | | Do | ite |
| | | | |
| Print Name: | | | |

SKILLS BANK:

Please complete ONLY those areas you want to work in, and indicate the LEVEL of your skill as follows:

- 1 = INTERESTED, no special training or experience
- 2 = KNOWLEDGEABLE, some education, training or experience
- 3 = EXPERIENCED, have done it many times
- 4 = PROFICIENT, could teach it to others if called upon to do so

| Aquatics | Aquatics Computers | | | Finance | Organizing events |
|------------------------------------|----------------------|-------------------------------|------------------|--------------------|-------------------|
| Computer programmer Day Camp Leade | | r | Health/Nutrition | Writer(Newsletter) | |
| Mass Mailir | ng | Typing | | Filing | Photocopying |
| Public Relo | ationship | Publicity | | Arts &Crafts | Research |
| Telephonir | ng | Data Entry | | Reception | Inventory |
| Theater Ar | ts | Photography | | Fine Arts | Cooking |
| Youth Prog | grams | Service Desk | | Maintenance | Therapeutic |
| OTHER (please s | pecify) | | | | |
| Foreign Langua | ge | _ Speak | _Write_ | Read | |
| Special Training/ | /Licenses, Professic | nal Registration and Skills _ | | | |
| I am currently ce | ertified in: | | | | |
| □ CPR | Type | | | Expires on | |
| ☐ First Aid | Type | | | Expires on | |
| ☐ Lifeauard | Type | | | Expires on | |