Sleeping Beauty **Technical Crew Registration**

Thank you for your interest in volunteering for Technical Crew for the Roberta Jones Junior Theatre production of ***Sleeping Beauty***.

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 by Friday, October 25th. Your parent/guardian must sign and return the attached Volunteer Forms. For your convenience, you may fax these forms to Kevin Cornelius at 408-261-9146, scan and email to kcornelius@santaclaraca.gov 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 *Sleeping Beauty*. 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 *Sleeping Beauty*. 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
City of Santa Clara Parks and Recreation Department
969 Kiely Blvd.
Santa Clara, CA 95051
(408) 615-3161
kcornelius@santaclaraca.gov

Sleeping Beauty Technical Crew Schedule
Roberta Jones Junior Theatre

Rehearsals

Tuesday, October 29, 4:00-6:30 p.m.

Friday, November 8, 4:00-6:30 p.m.

Saturday, November 9, 10:00am-5:00pm (There will be a lunch break. Please bring lunch)

Tuesday, November 12, 3:45-6:45 p.m.

Wednesday, November 13, 3:45-6:45 p.m.

Thursday, November 14, 3:45-6:45 p.m.

Thursday, November 21, 3:45-6:45 p.m.

Performances

Friday, November 15, 5:00pm-end of performance (time TBA)

Saturday, November 16, 5:00pm-end of performance (time TBA)

Sunday, November 17, 12:00pm-end of performance (time TBA)

Friday, November 22, 5:00pm-end of performance (time TBA)

Saturday, November 23, 5:00pm-end of performance (time TBA)

Sunday, November 24, 12:00pm-end of performance (time TBA) Cast/Crew Party after show.

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Sleeping Beauty
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.
2. 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 <u>before</u> rehearsal (please leave a message).

<u>You must be on time and stay until the end of rehearsal.</u> 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 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

NEW ☐ **RENEWAL** ☐

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

1. PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Driver's License # _____

2. EDUCATION BACKGROUND:

Circle the highest grade of school you have completed: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

High School Graduate: ☐ Yes ☐ No If no, passed High School Equivalency Test: ☐ Yes ☐ No

Name and Location of School: _____

Major, Graduate School Degree, etc: _____

3. WORK EXPERIENCE: (optional)

Are you presently employed: (check as many as apply)

☐ Employed Full-Time ☐ Employed Part-Time ☐ Temporarily Unemployed ☐ Looking For Work

☐ Full-Time Student ☐ Part-Time Student ☐ Retired

Last three (3) employers:

Employer: _____ Job Title: _____

Address: _____

Employer: _____ Job Title: _____

Address: _____

Employer: _____ Job Title: _____

Address: _____

4. REFERENCE:

We ask that you provide at least three (3) references - business or personal. References should not be related to you.

Name: _____ Phone Number: _____

E-Mail: _____ How long has this person known you? _____

Name: _____ Phone Number: _____

E-Mail: _____ How long has this person known you? _____

Name: _____ Phone Number: _____

E-Mail: _____ How long has this person known you? _____

5. VOLUNTEER INTEREST:

What are your goals in volunteering? _____

How did you hear about the volunteer program? _____

AVAILABILITY:	Sun.	Mon.	Tues	Wed.	Thurs.	Fri.	Sat.
Morning:	☐	☐	☐	☐	☐	☐	☐
Afternoon:	☐	☐	☐	☐	☐	☐	☐
Evening:	☐	☐	☐	☐	☐	☐	☐

Time Availability:

☐ Flexible ☐ Monthly

☐ Occasionally ☐ Summer

☐ Weekly

Would you be willing to be "on-call" for special assignments? _____

The length of commitment: _____

6. VOLUNTEER EXPERIENCE:

Company/Agency: _____ Position: _____

Dates of Volunteer Work: _____ Hours Per Week: _____

Company/Agency: _____ Position: _____

Dates of Volunteer Work: _____ Hours Per Week: _____

CompanyAgency: _____ Position: _____

Dates of Volunteer Work: _____ Hours Per Week: _____

7. EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

8. CONVICTION HISTORY

Have you ever been convicted of a criminal offense? ☐ **Yes** ☐ **No**

Within the last seven years (felony or misdemeanor)? ☐ **Yes** ☐ **No**

Note: This does not include convictions related to marijuana offenses that occurred two or more years before the date of application. Conviction of a crime will not necessarily disqualify you from volunteer employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any volunteer employment decisions. If your answer is "yes," please explain on a separate piece of paper the circumstances surrounding such offense including place, date, name of court, etc. and attach it to this application.

Are you a registered sex offender: ☐ **Yes** ☐ **No**

9. VOLUNTEER CERTIFICATION AND AGREEMENT (Initial each section and sign below)

The City of Santa Clara will provide the Volunteer the following:

- Training and orientation to allow the volunteer to meet the responsibilities of his/her position
- Letter or reference (upon request)
- Worker's Compensation benefits in case of injury. Must be a registered volunteer with the City and must regularly submit time cards
- The same respect given to paid City staff and deference given to a valuable City asset
- Ongoing evaluations and feedback

I, (name) _____ as a Volunteer for the City of Santa Clara agree to the following:

_____ I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsification, misrepresentation, or omission of facts called for by this application could result in immediate dismissal as a volunteer.

_____ I authorize the City of Santa Clara the right to contact and obtain information from all references, employers, educational institutions, and law enforcement agencies, and otherwise verify the accuracy of the information contained in the application. I hereby release from liability the City of Santa Clara and its representative from seeking, gathering and using such information and all other person, corporation or organization from furnishing and disclosing information.

_____ If I become a volunteer, I understand that I am free to resign at any time and the City of Santa Clara reserves the same right to end my volunteer position.

_____ I understand and agree that this application does not constitute a contract for volunteer time for any definite duration. The length of time depends upon on the quality of the job that I do as a volunteer.

_____ I understand and agree that 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 Parent (if under 18 years of age) _____ Date _____

Signature of Volunteer Supervisor _____ Date _____

INTERNAL USE ☐ APPROVED ☐ ENTERED - DATE _____

Department: _____ Division: _____

Program/Duties: _____

_____

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

RELEASE OF LIABILITY &ASSUMPTION FOR RISK AGREEMENT

In consideration of the acceptance by the City of the application for entry into the volunteer program listed on the volunteer application and entry to and use of any facilities or equipment as part of the volunteer program, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said volunteer program. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees from and against any and all liability arising out of or connected with my participation in said volunteer program and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I AM AWARE THAT THE VOLUNTEER PROGRAM MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in the volunteer program, including minors 13-17 years of age, must sign this Agreement.

Date: _____

ADULT VOLUNTEERS, SIGN BELOW

Signature: _____ Print Name: _____

VOLUNTEERS, AGE 13-17, SIGN BELOW

Signature: _____ Print Name: _____

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR VOLUNTEERS

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in the City's Volunteer Program. In the event I or said minor requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid. I hereby grant permission to City to include pictures and/or video of me and/or said minor during department volunteer activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Please indicate whether you are signing as: ☐ Parent ☐ Guardian