

**VOLUNTEER APPLICATION**

To Be Completed By All Volunteers Including Directors, Producers, Actors, Staff, Etc.  
Of Community Players Theatre

Name of Not-For-Profit Organization: \_\_\_\_\_ Community Players \_\_\_\_\_

City and State of Not-For-Profit Organization: \_\_\_\_\_ Bloomington, Illinois \_\_\_\_\_

A copy of a valid government issued photo ID must be attached to complete this application

**Personal Information**

Date of Completion of This Form: \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Names (maiden, alias, etc.): \_\_\_\_\_

Male or Female: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License Number: \_\_\_\_\_

Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Home Address: List all for past 10 years

Present (include dates): \_\_\_\_\_

Previous (include dates): \_\_\_\_\_

Previous (include dates): \_\_\_\_\_

**Qualifications:** (attach a separate piece if additional space is needed)

What position are you applying for?: \_\_\_\_\_

Have you ever been convicted of a crime? (if yes, explain) \_\_\_\_\_

Have you ever been refused participation in any other community program? (if yes, explain) \_\_\_\_\_

Do you have children in the program? \_\_\_\_\_

Why do you want to be a volunteer? \_\_\_\_\_

**COMMUNITY PLAYERS THEATRE**

**Volunteer Screening Policy**

It is the policy of Community Players Theatre to conduct a background check on any person seeking to volunteer with the organization. The policy applies to all volunteer applicants, regardless of personal or professional history with the Theatre or any other local organization. All volunteer opportunities are contingent upon satisfactory results of the background check.

**Applicant Authorization**

I have read the above policy and hereby authorize Community Players Theatre and its agents to conduct a Sex Offender Registry and/or Criminal Background Check and release such information without restriction or qualification. I understand that any volunteer opportunity is contingent upon satisfactory review of Sex Offender Registry and/or Criminal Background Check.

\_\_\_\_\_  
Applicant Name (Please Print)

\_\_\_\_\_  
Parent's Signature  
(If applicant is under the age of 18)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Acknowledgment of Training:**

I acknowledge that on \_\_\_\_\_(date) I was given a copy of Community Players Productive Theatre Environment Program and that I have carefully reviewed it and voluntarily agree that as a condition of future participation, employment, or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within this program.

If I violate the policies, regulations, or spirit of this program, I will indemnify and hold harmless Community Players, its employees, board members, volunteers, and officials from any and all liability including negligence and any tort claims.

Signature\_\_\_\_\_

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**Consent/Release**

I authorize and give consent for Community Players reference above to obtain my personal information.

This includes, but is not limited to employment records/employer's references; criminal background records/information; criminal background checks/fingerprints; driving record check, financial bankruptcy information, volunteer experience, personal references, and addresses.

I authorize this information to be obtained either in writing, via Internet, or via telephone in connection with my volunteer application.

I understand that my position is contingent upon adverse information about my background or character not being uncovered upon the performance of the above referenced checks. I also understand that regardless of my prior volunteer activities on behalf of Community Players, that Community Players is not required to allow my continued participation.

I agree to hold harmless and indemnify from liability Community Players and its directors, officers, employees, and volunteers from all liability arising out of the use of the information that is uncovered in the above referenced checks.

Signature:\_\_\_\_\_

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

**For Community Players Use Only**

Background checks completed by Conduct Official \_\_\_\_\_(name) on \_\_\_\_/\_\_\_\_/\_\_\_\_(date)

Sources Checked:

\_\_\_\_\_ Clean

\_\_\_\_\_ Not Clean (keep this form and the record check on file for 15 years if not clean)

Only attach to this copy the records of background checks that are not clean.