



fitzgerald-ben hill arts council

Fitzgerald Ben Hill Children's Theatre

A Christmas Carol

Volunteer Application

CONTACT INFORMATION

Name: _____

Cell #: _____

Address: _____

City/State/Zip _____

Email Address:

Please Note: All of Fitzgerald Ben Hill Children's Theatre will be sent using this e-mail address above.

Emergency Contact Person 1:

Name: _____

Cell #: _____

Emergency Contact Person 2:

Name: _____

Cell#: _____



PLEASE DELIVER THE APPLICATION to: The Carnegie Center for the Arts at 120 South Lee Street or Mail to P.O. Box 537 Fitzgerald, GA 31750. If you have any questions email us at fitzgeraldbenhillartscouncil@gmail.com

MEDICATIONS / ALLERGIES / MEDICAL CONDITIONS / ANYTHING ELSE WE SHOULD KNOW:

RELEASES

Please note that all releases must be signed in order for you to attend camp.

Emergency Medical Treatment Release

Should any emergency arise, every possible effort will be made to contact my emergency contact person immediately. However, if that person cannot be reached or should the situation warrant immediate medical attention, I authorize the Fitzgerald Ben Hill Arts Council, Fitzgerald Ben Hill Children's Theatre, and the Grand Theatre to arrange for treatment through EMS/911 and/or Dorminy Medical Center.

Signature _____ Date _____

Photo Release

I hereby allow the Fitzgerald Ben Hill Arts Council, the Fitzgerald Ben Hill Children's Theatre, The Historic Grand Theatre, to take photographs, film or video of me to be used for public relations and archival purposes only. I also allow my image and quotes to be used in any media coverage of the Fitzgerald Ben Hill Children's Theatre A Christmas Carol (newspaper stories, etc.)

Signature _____ Date _____

Authorization to Share Image in Performance Video

I understand I will appear in the performance video.

Signature _____ Date _____

Authorization to conduct a background check

Have you ever been convicted of a felony or criminal activity? Yes/No

I hereby affirm all the preceding information included is true and correct and I have not knowingly withheld any fact or circumstance. I hereby understand that deliberate submissions of false information regarding this application can and will affect my ability to work with the Fitzgerald Ben Hill Children's Theatre. Each adult is subject to a criminal background check. We cannot accept any applicants with any form of controlled substance convictions, nor any felony convictions for crimes against a person. I give permission for this background check to be done.

SIGNED



Please submit a copy of your driver's license/official photo identification with this application.