

Usher Volunteer Application Form

Sugar Loaf Performing Arts Center 1351 Kings Highway Sugar Loaf NY 10981 (845) 610-3485

Contact Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Availability:

During which hours are you available for volunteer assignments?

_____ Weekday Afternoon _____ Weekday Night

_____ Weekend Morning _____ Weekend Afternoon _____ Weekend Night

Important information:

Help us find the right place for you at the theater.

YES NO

___ ___ Are you able to stand for long periods of time?

___ ___ Are you able to climb stairs?

___ ___ Do you have a problem with heights?

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in case of Emergency:

Name: _____

Phone: _____ Cell: _____

Agreement and Signature:

As a volunteer, I agree to:

My services are donated without contemplation of compensation or future employment. If selected as a volunteer usher, I understand that the physical requirements may include climbing stairs, assisting patrons in wheelchairs, the ability to work in all areas of the theater (including the balcony and back stage) and good vision in limited lighting. Patrons must always be served first, therefore, we cannot guarantee seats for our volunteers or the opportunity to view the entire performance. I have read and agree to abide by the conditions listed above as a volunteer at the Sugar Loaf Performing Arts Center.

Signature: _____

Town of Chester - Sugar Loaf Performing Arts Center

Volunteer Release of Liability and Agreement to Indemnify

I, _____, in consideration of the opportunity to perform volunteer services with the Town of Chester – Sugar Loaf Performing Arts Center, the undersigned for himself/herself and his/her heirs and representatives, voluntarily and knowingly execute this document and expressly waives any and all rights and do hereby release and forever discharge, on behalf of myself or my child, any and all manner of action, suits, proceedings, damages, claims, demands and causes of action including without limitation those involving bodily injury, sickness or property damage to the undersigned or undersigned’s child (family) _____ DOB _____, while said volunteer is engaged directly or indirectly in performing volunteer services for the Town of Chester – Sugar Loaf Performing Arts Center.

The undersigned hereby agrees to indemnify, defend and hold the Town of Chester, its employees, agents, officers and supervisors harmless from any and all liability, damage, loss, cost and expense jointly or individually, for the bodily injury or property damage suffered as a result of the undersigned’s negligent, reckless or willful act, omission in the performance or failure to perform his/her volunteer services.

In the event that any of the terms, conditions and/or covenants in this release form are held to be invalid, such invalidity shall not affect any other terms, conditions and/or covenants contained herein which shall remain in full force and effect.

The undersigned agrees that his/her participation as an usher is purely voluntary and therefore under no circumstances will he/she be deemed to be an employee or agent of the Town of Chester. Additionally, he/she understands that as a volunteer, he/she is not covered under the New York State Workers’ Compensation Law with respect to insurance and benefits, or any other insurance policy for any damages or injuries sustained during volunteer services.

THIS LIABILITY RELEASE FORM IS EXECUTED WITHOUT ANY RELIANCE UPON ANY REPRESENTATION BY ANY PERSON AND THE UNDERSIGNED HAS CAREFULLY READ AND UNDERSTANDS THE CONTENTS OF THIS RELEASE FORM AND EXECUTES THE SAME AS HIS/HER OWN FREE ACT.

Print Name

Street Address (Address, City, State, Zip)

Date	Volunteer Signature	Date	Supervisor Signature
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EMERGENCY CONTACT:
Name, Telephone Number and Relationship to Volunteer

Sworn to before me this _____ day of _____, 2019.

NOTARY PUBLIC