



Sugar Loaf Performing Arts Center
231 Kings Highway
Sugar Loaf, NY 10981
845-610-3485

USHER VOLUNTEER APPLICATION FORM

Name: _____

Address: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Emergency Contact: _____

Cell: _____ Home: _____

AVAILABILITY:

Please circle all that apply. We will only contact you as per your availability.

Weekday events Weekend events All day events Any

Agreement & 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 & 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
 231 Kings Highway
 Sugar Loaf, NY 10981
 845-610-3485

Authorization to Release Criminal Information for Volunteering/Employment Purposes

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment (or to volunteer for events). This check includes the following: Criminal history reference searches for felony and misdemeanor convictions and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

I, _____ hereby authorize the Town of Chester to conduct the criminal background check described above.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment (volunteering). Such information will be used to determine whether the results of the background check reasonable bear on my trustworthiness or my ability to perform duties of my position in a manner which is safe for the Town of Chester.

Position(s) Applied for: _____

Social Security Number: _____

Full Legal Name: _____

Other Names You Have Used in the Past 7 Years _____

Current Address: _____

Previous Address (most recent): _____

Cell #: _____ Alternate Phone #: _____

Date of Birth: _____ Gender: Female _____ Male _____

Driver's License #: _____ State of Driver's License: _____

Have you ever been convicted of a criminal *offense or have any pending criminal* charges against you?

*(This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violation)

Yes _____ (provide details on the back of this page) No _____

To the best of my knowledge, the information provided in this Authorization is true and complete. I understand that any falsification omission of information may disqualify me for this position and /or may serve as grounds for the severance of my employment with the Town of Chester. By signing below I hereby provide my authorization to the Town of Chester to conduct a criminal background check and sex offender and registry search. I understand that I have a right to appeal an adverse employment decision made by the Town of Chester based on my background check information within three business day of receipt of such notice and that a determination on my appeal will be made in seven working days from the town of Chester's receipt of such appeal.

 Signature

 Date

Sugar



Loaf Performing Arts Center
231 Kings Highway
Sugar Loaf, NY 10981
845-610-3485

TOWN OF CHESTER-SUGAR LOAF PERFORMING ARTS CENTER

Volunteer Release of Liability & 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 of 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 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 New York State Workers’ Compensation Law with respect to insurance and benefits, or any other insurance policy for 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 CONTENT OF THIS RELEASE FORM AND EXECUTES THE SAME AS HIS/HER OWN FREE ACT.

Print Name: _____

Address: _____

Volunteer Signature: _____ **Date:** _____

TOC Witness: _____ **Date:** _____