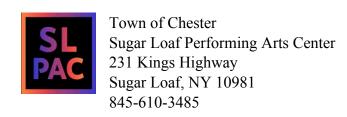


USHER VOLUNTEER APPLICATION FORM

Name:			-
Address:			-
Email:			_
Cell Phone:			-
Home Phone:			
Emergency Contac	t:		
Cell:	Home:		
<u>AVAILABILITY</u>	<u>:</u>		
Please circle all that	at apply. We will only contac	t you as per your ava	ilability.
Weekday events	Weekend events	All day events	Any
Agreement & Sig	nature:		
volunteer usher, I under in wheelchairs, the abili good vision in limited li for our volunteers or the	o: I without contemplation of compensation of that the physical requirements ty to work in all areas of the theater (ghting. Patrons must always be serve apportunity to view the entire performs as a volunteer at the Sugar Loaf Performs	may include climbing stair (including the balcony & b ed first, therefore, we cannot rmance. I have read and ag	rs, assisting patrons ack stage) and ot guarantee seats
Signature:			



Authorization to Release Criminal Information for Volunteering/Employment Purposes

volunteer for events). This ch	neck includes the following: Criminal h	nistory reference search	d check as a condition of employment (or to es for felony and misdemeanor convictions e I currently reside or where I have resided.
Ι,	hereby authorize the Town of 0	Chester to conduct the c	criminal background check described above.
information will be used to dete		round check reasonable	ute bar to employment (volunteering). Such bear on my trustworthiness or my ability to
Position(s) Applied for:			
Social Security Number:			
Full Legal Name:			
Other Names You Have Used in	n 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	r's License:	
-	of a criminal *offense or have any pend and misdemeanors; you do not need to in	nclude non-criminal traf	fic violations or municipal ordinance
	Yes (provide details on the		
omission of information may d Town of Chester. By signing b and sex offender and registry s Chester based on my backgrou	lisqualify me for this position and /or notelow I hereby provide my authorization search. I understand that I have a right	may serve as grounds for on to the Town of Ches t to appeal an adverse siness day of receipt of	complete. I understand that any falsification or the severance of my employment with the ster to conduct a criminal background check employment decision made by the Town of such notice and that a determination on my
Signature			Date



TOWN OF CHESTER-SUGAR LOAF PERFORMING ARTS CENTER

Volunteer Release of Liability & Agreement to Indemnify

services with the Town of Chester – Sugar Loaf Performing Arts Ce	enter, the undersigned for
himself/herself and his/her heirs and representatives, voluntarily and and expressly waives any and all rights and do hereby release and for	
or my child, any and all manner of action, suits, proceedings, damag	
action including without limitation those involving bodily injury, sign	
undersigned or undersigned's child (family), while said volunteer is engaged directly or indirectly	DOB
, while said volunteer is engaged directly or indirectly	y in performing volunteer services for
the Town of Chester – Sugar Loaf Performing Arts Center.	
The undersigned hereby agrees to indemnify, defend, and hold the T	
agents, officers, and supervisors harmless from any and all liability,	• • •
jointly or individually, for the bodily injury of property damage suff negligent, reckless or willful act, omission in the performance or fai	_
services.	rate to perform marker volunteer
In the event that any of the terms, conditions and/or covenants in thi	s release form are held to be invalid,
such invalidity shall not affect any other terms, conditions and/or co	venants herein which shall remain in
full force and effect.	
The undersigned agrees that his/her participation as an usher is pure circumstances will he/she be deemed to be an employee or agent of he/she understands that as a volunteer, he/she is not covered under N	the Town of Chester. Additionally, New York State Workers'
Compensation Law with respect to insurance and benefits, or any of injuries sustained during volunteer services.	her insurance policy for damages or
THIS LIABILITY RELEASE FORM IS EXECUTED WITHOU	UT ANY RELIANCE UPON ANY
REPRESENTATION BY ANY PERSON AND THE UNDERSI	
AND UNDERSTANDS THE CONTENT OF THIS RELEASE I	FORM AND EXECUTES THE
SAME AS HIS/HER OWN FREE ACT.	
Print Name:	
Address:	
Volunteer Signature:	Date:
TOC Witness:	Date: