



Dear Potential Volunteer:

Thank you for your interest in the Campbell Heritage Theatre's Volunteer Program. In this packet you will find a **list of requirements** each of our volunteers are asked to meet: an **Application** with an **optional Physician Pre-Designation Form and Theatre Volunteer Orientation**. It is important that you complete and submit your application to be reviewed. Once you have completed the application process, you will be contacted with the dates for an upcoming Volunteer Orientation. You must attend an orientation prior to volunteering at the Theatre.

Volunteering at the Campbell Heritage Theatre is a rewarding and enriching experience. We have had the pleasure of hosting such artists as Lou Rawls, Manhattan Transfer, Boyz II Men, Chris Botti, Judy Collins, Crystal Gale, Debbie Reynolds, Los Lobos, Smothers Brothers, The Temptations, Los Lonely Boys, B.B. King and Dave Koz. The Heritage Theatre is also proud to host events for a variety of clients who feature dance recitals, corporate events, cultural performances, comedy nights and other events promoting the arts in Campbell.

The Heritage Theatre volunteers are individuals who wish to help promote and support the arts in Campbell and who enjoy working with the public. Each volunteer's passion and enthusiasm contributes to an overall positive experience for Heritage Theatre patrons. If you want to make a positive contribution in the arts, we encourage you to return your application and begin the process of volunteering at the Heritage Theatre. We look forward to including you on our team and thank you for supporting the Campbell Heritage Theatre and the arts.

Sincerely,

Marshella Simpson
Heritage Theatre
Volunteer Coordinator
408-866-2791
MarshellaS@campbellca.gov



**CITY OF CAMPBELL- HERITAGE THEATRE
VOLUNTEER APPLICATION**

(Please Print)

Name: _____ Date: _____

Address with City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Date of Birth: _____

Parental Signature (if you are under 18): _____

Where did you hear about the Heritage Theatre Volunteer Program? (please check all that apply)

_____ Recreation Activity Guide _____ Volunteer Exchange _____ Newspaper
_____ Volunteer Website _____ School _____ Internet
_____ Marquee _____ Other: _____ Volunteer postcard
_____ Current Volunteer: (name) _____

Present or previous volunteer experience: _____

Why do you want to do volunteer work? _____

Please describe any limitations for volunteer work (no heavy lifting, lack of transportation, work full time, etc.): _____

Times Available For Work

_____ Times per week/month (circle one)
_____ On-call only
_____ Days in a week please circle preferred days: SUN. MON. TUES. WED. THURS. FRI. SAT.

Preferred Shift:
_____ Mornings
_____ Afternoons
_____ Evenings
_____ Weekends

Length of Commitment:
_____ 3 months
_____ 3 months or more
_____ Indefinite at this time

The Heritage Theatre features Volunteer duties in the following areas. Please check any in which you hold previous experience:

_____ Usher _____ Ticket Taker _____ Coat Check _____ Programs _____ Greeter

Heritage Theatre Volunteer Registration

The City of Campbell requires that all volunteers be registered, oriented, supervised and participate in any training required by their chosen volunteer job. All registered volunteers are covered by the City's Workers' Compensation Insurance while on volunteer assignment or participating in training directly connected with such duty. The following information will be on file in the Volunteer Office.

Volunteer's Name: _____

Emergency Contact Information

Name: _____ Relationship to Volunteer: _____

Cell Phone: _____ Home Phone _____ Work Phone: _____

Participation Agreement:

In return for orientation, training, supervision and evaluation of my volunteer efforts, I agree to: (please initial)

- _____ Take my volunteer commitment seriously and work in a professional manner;
- _____ Keep my agreed upon schedule, which includes: being on time, notifying my project supervisor in case of illness, delay, unavoidable absence , or the need to discontinue my assignment before its completion;
- _____ Respect the confidentiality of all material with which I come into contact.

Signature: _____ Date: _____

To Be Completed If Volunteer Is A Minor:

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes (supervisor of minor's volunteer project) or such substitute as he/she may designate, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

Signature of parent/guardian:

Date



Physician Pre-Designation Form
(Optional- Please Print)

Employee/Volunteer Name

Date

Address/City/State/Zip Code

ZIP

SECTION A – EMPLOYEE’S/VOLUNTEER’S PRE-DESIGNATION OF PERSONAL PHYSICIAN

I am notifying you that the person named below is my **personal physician**. I attest that the physician listed below meets the definition of a personal physician under the Labor Code. The physician below is (1) licensed as a physician and/or surgeon under the Business and Professions Code to the best of my knowledge; (2) has previously directed my medical treatment and retains my medical records including my medical history; and (3) has agreed to be my pre-designated treating doctor. I request that this physician treat me from the date of any industrial injury occurring after your receipt of this notification.

Name of Physician (Print): _____
Name of Medical Facility: _____
Phone Number: _____
Address: _____
City/Zip Code: _____

Employee/Volunteer Signature

Date

SECTION B - PHYSICIAN VERIFICATION

*****NOTE: Physician’s signature is optional. If we do not have your physician’s signature on file, in the event of an emergency you will receive medical attention from the City of Campbell designated healthcare provider.***

YES, I agree to be designated as this employee’s personal physician as defined under the California Labor Code. I have previously directed the medical treatment and retain the medical records including the medical history of this employee.

Physician Signature

Date

Please Return to:

Marshella Simpson, Volunteer Coordinator
Campbell Heritage Theatre
1 W. Campbell Ave. #C32
Campbell, CA 95008

LIABILITY RELEASE AND MEDICAL CONSENT

Photo Release: I agree to allow the use of my photograph for program publicity.

Medical Release: Pursuant to the provisions of sections 6910 et seq of the California Family Code, and other applicable laws, I hereby authorize the City of Campbell Recreation and Community Services Department to procure, and consent to, medical, hospital or dental care for myself in the event of injury as a result of participation in this program.

Waiver and Release of Liability: In consideration of my participation, **I hereby release, discharge and covenant not to sue** the City of Campbell and the Campbell Redevelopment Agency, their officers, employees and volunteers, from any all present and future claims, demands, actions or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my person or property arising out of or connected with my participation in the above activity (ies) (except for claims legally caused by the sole negligence or willful misconduct of the City or others listed above). **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that this activity may involve certain risks or possible dangers, including death, and that equipment provided for my protection may be inadequate to prevent serious injury. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the City of Campbell and others listed above for any and all claims arising as a result of my engaging in this activity. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in California.

I affirm that I am of legal age and am freely signing this document **I have read this form and fully understand that by signing this form, I am giving up legal rights** and/or remedies which may be available to me against the City of Campbell or any of the parties listed above.

X _____
(Signature)

(Date)