Roberta Jones Junior Theatre

presents

OFF A Night Broadway!

Thank you for your interest in performing in the Roberta Jones Junior Theatre "A Night Off-Broadway, 2013" Talent Show and 45th Anniversary Celebration. Your involvement will help us raise money to fund the Roberta Jones College Scholarship, grants to cover participation fees for RJJT productions/classes, and help us purchase special technical equipment for our future productions.

Past and present participants of Roberta Jones Junior Theatre are welcome to create an act and participate in the show. Please keep in mind the following guidelines:

1) We ask each participant to limit his/her participation to one act, at a maximum of five minutes.

2) All performers must attend our dress rehearsal on Friday, August 2nd at 6:00 p.m. If you must come later than 6:00 p.m., please make a note on your registration form.

3) If you would like to sing a song for your act, we will have a pianist available to play the piano for you. Please bring your sheet music with you to the dress rehearsal.

4) All performers must arrive at the theatre for the performance on Saturday, August 3rd at 6:00 p.m. (The performance is at 7:00 p.m.).

5) To participate in the show, please fill out the attached required forms—the registration form, including a description of your act and the names of people in your act, and the Volunteer Application. Please return these forms to Kevin Cornelius at the Community Recreation Center, 969 Kiely Blvd, Santa Clara, CA 95051 by July 29th. You may fax the form to (408) 261-9146.

6) Tickets for the show are $8.00 for adults and $5.00 for children (18 and under). Tickets are on sale now at www.RJJT.org, or at the Community Recreation Center, 969 Kiely Blvd. in Santa Clara. Please encourage your family and friends to purchase tickets soon, before we sell out!

7) If you have any questions, please contact Kevin Cornelius at (408) 615-3161 or kcornelius@santaclaraca.gov.

Kevin Cornelius
Recreation Supervisor/Junior Theatre Director
Community Recreation Center
969 Kiely Blvd.
Santa Clara, CA 95051
kcornelius@santaclaraca.gov
(408) 615-3161
www.RJJT.org

Roberta Jones Junior Theatre
A Night Off-Broadway

Thank you for volunteering to perform in Roberta Jones Junior Theatre's 2013 "A Night Off-Broadway"! We appreciate your participation in this special 45th Anniversary Celebration for Roberta Jones Junior Theatre. Please complete this form so that we may include your act in our program.

First and Last Name of your contact person: _____

Phone # of your contact person: _____

Email Address of your contact person: _____

What you are doing in your act (i.e. singing, or dancing, or playing in a band, etc.):

_____

The name of the song you are performing (if applicable):

_____

Names of all performers in your act, the way you would like them to appear in the program:

First Name	Last Name

CITY OF SANTA CLARA
VOLUNTEER APPLICATION

NEW ☐ **RENEWAL** ☐

This form must be completed by anyone volunteering for an assignment other than a specific Special Event.

1. PERSONAL INFORMATION:

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Driver's License # _____

2. EDUCATION BACKGROUND:

Circle the highest grade of school you have completed: HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

High School Graduate: ☐ Yes ☐ No If no, passed High School Equivalency Test: ☐ Yes ☐ No

Name and Location of School: _____

Major, Graduate School Degree, etc: _____

3. WORK EXPERIENCE: (optional)

Are you presently employed: (check as many as apply)

☐ Employed Full-Time ☐ Employed Part-Time ☐ Temporarily Unemployed ☐ Looking For Work

☐ Full-Time Student ☐ Part-Time Student ☐ Retired

Last three (3) employers:

Employer: _____ Job Title: _____

Address: _____

Employer: _____ Job Title: _____

Address: _____

Employer: _____ Job Title: _____

Address: _____

4. REFERENCE:

We ask that you provide at least three (3) references - business or personal. References should not be related to you.

Name: _____ Phone Number: _____

E-Mail: _____ How long has this person known you? _____

Name: _____ Phone Number: _____

E-Mail: _____ How long has this person known you? _____

Name: _____ Phone Number: _____

E-Mail: _____ How long has this person known you? _____

5. VOLUNTEER INTEREST:

What are your goals in volunteering? _____

How did you hear about the volunteer program? _____

AVAILABILITY:	Sun.	Mon.	Tues	Wed.	Thurs.	Fri.	Sat.
Morning:	☐	☐	☐	☐	☐	☐	☐
Afternoon:	☐	☐	☐	☐	☐	☐	☐
Evening:	☐	☐	☐	☐	☐	☐	☐

Time Availability:

☐ Flexible ☐ Monthly

☐ Occasionally ☐ Summer

☐ Weekly

Would you be willing to be "on-call" for special assignments? _____

The length of commitment: _____

6. VOLUNTEER EXPERIENCE:

Company/Agency: _____ Position: _____

Dates of Volunteer Work: _____ Hours Per Week: _____

Company/Agency: _____ Position: _____

Dates of Volunteer Work: _____ Hours Per Week: _____

CompanyAgency: _____ Position: _____

Dates of Volunteer Work: _____ Hours Per Week: _____

7. EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

8. CONVICTION HISTORY

Have you ever been convicted of a criminal offense? ☐ **Yes** ☐ **No**

Within the last seven years (felony or misdemeanor)? ☐ **Yes** ☐ **No**

Note: This does not include convictions related to marijuana offenses that occurred two or more years before the date of application. Conviction of a crime will not necessarily disqualify you from volunteer employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any volunteer employment decisions. If your answer is "yes," please explain on a separate piece of paper the circumstances surrounding such offense including place, date, name of court, etc. and attach it to this application.

Are you a registered sex offender: ☐ **Yes** ☐ **No**

9. VOLUNTEER CERTIFICATION AND AGREEMENT (Initial each section and sign below)

The City of Santa Clara will provide the Volunteer the following:

- Training and orientation to allow the volunteer to meet the responsibilities of his/her position
- Letter or reference (upon request)
- Worker's Compensation benefits in case of injury. Must be a registered volunteer with the City and must regularly submit time cards
- The same respect given to paid City staff and deference given to a valuable City asset
- Ongoing evaluations and feedback

I, (name) _____ as a Volunteer for the City of Santa Clara agree to the following:

_____ I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsification, misrepresentation, or omission of facts called for by this application could result in immediate dismissal as a volunteer.

_____ I authorize the City of Santa Clara the right to contact and obtain information from all references, employers, educational institutions, and law enforcement agencies, and otherwise verify the accuracy of the information contained in the application. I hereby release from liability the City of Santa Clara and its representative from seeking, gathering and using such information and all other person, corporation or organization from furnishing and disclosing information.

_____ If I become a volunteer, I understand that I am free to resign at any time and the City of Santa Clara reserves the same right to end my volunteer position.

_____ I understand and agree that this application does not constitute a contract for volunteer time for any definite duration. The length of time depends upon on the quality of the job that I do as a volunteer.

_____ I understand and agree that as a volunteer I may be fingerprinted.

_____ I represent and warrant that I have read and fully understand the foregoing and seek to volunteer under these conditions.

Signature of Volunteer _____ Date _____

Signature of Parent (if under 18 years of age) _____ Date _____

Signature of Volunteer Supervisor _____ Date _____

INTERNAL USE ☐ APPROVED ☐ ENTERED - DATE _____

Department: _____ Division: _____

Program/Duties: _____

_____

RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

RELEASE OF LIABILITY &ASSUMPTION FOR RISK AGREEMENT

In consideration of the acceptance by the City of the application for entry into the volunteer program listed on the volunteer application and entry to and use of any facilities or equipment as part of the volunteer program, I hereby waive, release and discharge any and all claims for damages for death, personal injury, or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said volunteer program. This release Agreement is intended to discharge in advance the City of Santa Clara, its City Council, officers, agents, and employees from and against any and all liability arising out of or connected with my participation in said volunteer program and entry to and use of any facilities or equipment, even though that liability may arise out of NEGLIGENCE or CARELESSNESS, on the part of the persons or entities mentioned above.

I AM AWARE THAT THE VOLUNTEER PROGRAM MAY SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO, THROUGH NEGLIGENCE OR CARELESSNESS, MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE OR ASSIGNS.

It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE and ASSIGNS and is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully READ this Agreement and fully understand its content. All participants registered in the volunteer program, including minors 13-17 years of age, must sign this Agreement.

Date: _____

ADULT VOLUNTEERS, SIGN BELOW

Signature: _____ Print Name: _____

VOLUNTEERS, AGE 13-17, SIGN BELOW

Signature: _____ Print Name: _____

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR VOLUNTEERS

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement has been EXPLAINED TO THE MINOR.

I certify that I have custody or am the legal guardian of said minor and that I and/or my minor child are physically able to participate in the City's Volunteer Program. In the event I or said minor requires medical treatment while under the supervision of City staff and/or agents, I authorize said staff to provide and/or authorize medical treatment. I expect City staff to contact me immediately in the event emergency medical treatment is required for said minor, but this contact is not necessary to administer emergency aid. I hereby grant permission to City to include pictures and/or video of me and/or said minor during department volunteer activities for brochures or other publicity. I understand I will not receive any compensation for use of such pictures or video.

Signature of parent or guardian: _____ Date: _____

Print parent/guardian name: _____

Address: _____

Please indicate whether you are signing as: ☐ Parent ☐ Guardian