



## San Luis Obispo Repertory Theatre Youth Volunteer Application

Hello and thank you for your interest in volunteering for SLO REP! Volunteers under the age of 18 must submit a waiver signed by a parent or guardian prior to their first shift.

Duties may include greeting guests at the front door, helping guests to their seats and selling concessions. If you have any questions please contact our Volunteer Coordinator, Allison Rajcevic, at [volunteer@slorep.org](mailto:volunteer@slorep.org) or (805) 781-3889 ext. 11

We look forward to having you join the SLO REP family!

### STUDENT VOLUNTEER ONLINE APPLICATION

First Name\* \_\_\_\_\_

Middle Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Street Address (mailing address)\* \_\_\_\_\_

Apartment /Unit # \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip Code\* \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

School\* \_\_\_\_\_

Parent/Guardian's Full Name (Last name, first name)\*

\_\_\_\_\_

Parent/Guardian's Home Phone\* \_\_\_\_\_

Parent/Guardian's Cell Phone\* \_\_\_\_\_

Parent/Guardian's E-mail Address\* \_\_\_\_\_

Emergency Contact's Full Name (Last name, first name)\*

\_\_\_\_\_

Emergency Contact's Home Phone\* \_\_\_\_\_

Emergency Contact's Cell Phone\* \_\_\_\_\_

Emergency Contact's Relationship\* \_\_\_\_\_

Please describe any special medical or behavioral concerns, allergies, or physical conditions that may affect your child's participation which you would like us to be aware:

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF LIABILITY AND HOLD HARMLESS:** In the event of an accident or illness, I understand that every reasonable effort will be made to contact a parent/guardian immediately. However, if I am unavailable, I authorize the SAN LUIS OBISPO REPERTORY THEATRE staff to secure emergency medical care for my child as needed. Although I understand that the San Luis Obispo Repertory Theatre will make every reasonable effort to provide a safe environment, I am fully aware of the risks inherent in participating in volunteering, which may include physical injury or other consequences arising or resulting from the Activities. Being fully aware of these risks, I hereby consent to my child's participation and agree to hold the SAN LUIS OBISPO REPERTORY THEATRE staff harmless in any event.

**PLEASE SIGN HERE: Parent/Guardian Signature:\***

\_\_\_\_\_

Date\* \_\_\_\_\_