



## Adult Volunteer Application (18 years or older/high school grad or above)

Broadway Magic Foundation is a Florida non-profit. Please print or type. Two-page application must be filled out for consideration. Signature required on both pages. All information is used for proper volunteer placement. Email both pages of completed form to [info@broadwaymagic.org](mailto:info@broadwaymagic.org).

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Is your child enrolled at Stagelights PAC\*?  Yes  No *\*Not required to volunteer.*

If yes, child's name: \_\_\_\_\_

If you are a Stagelights or Broadway Magic Foundation Referral, enter who referred you: \_\_\_\_\_

If applying as volunteer teacher, please list performing arts training. Check all that apply:

- Dance  Voice  Acting  Triple Threat  None

Type of volunteer hours you prefer? Check all that apply:

- Teaching Volunteer  Special Needs Volunteer  Event Stage Manager  
 Event Sound Manager (experience required)  Event Backstage Assistant (assist younger students)  
 Event Helper (i.e., concessions, ushers, set up/tear down, etc.)

Have you ever been convicted, pled no contest, or had adjudication withheld in a criminal offense, felony, misdemeanor, or are there any criminal charges now pending against you other than a minor traffic violation?

Yes  No If yes, please describe: \_\_\_\_\_

**By signing below, I certify all information on this application is true and complete. Any misrepresentation, omission, or incorrect statement of facts on this application will result in immediate dismissal as a volunteer. As a volunteer, I agree to abide by all Broadway Magic Foundation rules, regulations, and policies, either published or in effect by usage as well as all rules and laws of the State of Florida. I understand that as a volunteer that I will receive no monetary compensation. I have accident insurance with \_\_\_\_\_ (name of insurance company) which will cover me in the event of injury in this activity. I will assume responsibility for expenses incurred as the result of any injury I might suffer while participating in this activity.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Adult Volunteer Application (18 years or older/high school grad or above)

*This page is required for all Adult Volunteer Applications. Signature required on both pages. Broadway Magic Foundation is a Florida non-profit. We collaborate with Stagelights Performing Arts Center who produces shows for the events we host. Email both pages of completed form to [info@broadwaymagic.org](mailto:info@broadwaymagic.org).*

### Liability Release

I hereby agree to release Lisa Ferlita, Stagelights Performing Arts, non-profit Broadway Magic Foundation Inc. and hold Lisa Ferlita, all affiliated instructors, and all affiliated board of directors harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of participation in volunteer hours. I hereby release and agree to hold Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the performing arts school or non-profit, or that may otherwise arise in any way in connection with any volunteer hours performed related from Stagelights Performing Arts Center LLC production and affiliate non-profit Broadway Magic Foundation Inc. event/program. I am aware of this release of liability and the acknowledgement of my voluntary and knowing assumption of the risk of injury. I understand that this release discharges Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. from any liability or claim that I, my heirs, or any personal representatives may have. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

### COVID Notice and Release

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, teaching staff, and our clients and their families. I voluntarily seek volunteer hours which may overlap with services provided by Stagelights Performing Arts Center LLC and affiliate non-profit Broadway Magic Foundation Inc. and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my volunteer hours.

### Media Release

I give Stagelights Performing Arts Center and its affiliate non-profit organization Broadway Magic Foundation Inc. permission to use my picture and/or video clips in or on any form of advertisement for the performing arts center, Stagelights Performing Arts Center, Broadway Magic Foundation Inc, and Stagelights Performing Arts Center affiliated event including, but not limited to, Broadway Magic Foundation Inc. events and programs. If I do not want my photo used, I must indicate by checking box.  I do not want photos to be used publicly.

By signing below, I agree to and acknowledge the terms and releases stated within the Liability Release, the COVID Notice and Release, and Media Release.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_