



Fairfield Arts and Convention Center Volunteer Intake Form

Name _____

Phone _____ Date of Birth _____

Email _____

Address _____

City _____ State _____ Zip _____

Are you interested in volunteering on an ongoing basis? Yes / No

If yes:

How do you prefer to be contacted? Phone / Email / Text

Would you like to receive monthly emails/calls/texts of volunteer opportunities? Yes / No

Would you like to be on the "on call list" if last minute help is needed? Yes / No

What time/s are you available to volunteer?

Morning _____ Afternoon _____ Evening _____

Day/s of Week you are available: M T W Th F Sat Sun

How often are you interested in volunteering?

___ Twice a week ___ Once a week ___ Once every two weeks

___ Once every 3 weeks ___ Once a month ___ Once every few months

___ A few times a year ___ Other _____

Is there a time/s of year you will not be available to volunteer? _____

How did you hear about volunteering here? _____

Are you comfortable climbing stairs? Yes / No _____

Do you have any needs, health or other, that you'd like us to be aware of? Yes / No

Please explain: _____

LIABILITY WAIVER

I, the undersigned, being a **volunteer** of the Fairfield Arts and Convention Center (FACC) or being the parent or legal guardian of such a **volunteer** at the FACC discharge and acquit the FACC, its staff, board, representatives and affiliates of all actions, causes of action, claims or any liabilities whatsoever. I understand that while volunteering at and or for the FACC I participate on my own accord and will not hold the FACC accountable for any injury or harm that may arise from such activities.

Volunteer's name (please print) _____

Volunteer's signature _____ Date _____

Volunteer's age (if under 18) ___ Signature of volunteer's parent/legal guardian _____

Office Use: Received Training Date: _____ Initials: _____



Fairfield Arts and Convention Center Theater Volunteer Agreement

- ❖ I agree to be on time, arriving 1 hour before the show start time unless otherwise approved or specified by the Ticket Office Manager.
- ❖ I agree to dress cleanly and professionally in black bottoms, white top and a black vest (provided).
- ❖ I agree (if able bodied) to help in any position needed and be willing to continue to advance my knowledge of the theater and the duties of a volunteer.
- ❖ I understand that I represent the Fairfield Arts and Convention Center (FACC) and will not speak poorly of any show or person while volunteering at the FACC.
- ❖ I understand that I am firstly a volunteer and my priority comes with those duties which may mean missing parts of shows in order to care for a patron or issue.
- ❖ I agree to keep my attention on the task assigned and to not excessively socialize with friends that may be attending the show.
- ❖ I understand that I have an assigned theater seat at the show. I will wait to sit down in my seat until 10 minutes into the performance to seat late patrons.
- ❖ I understand that policies may continually be updated and that I will be aware as policies change.
- ❖ I agree to stay after the show has finished, clean my designated area and check in with the House Manager to be approved before leaving.
- ❖ I agree to follow the instruction and appointments of the House Manager as they are relaying the information and instruction from the Ticket Office Manager and other FACC staff.
- ❖ I will respectfully and pleasantly treat all patrons, volunteers and FACC staff.
- ❖ I will return all items belonging to the FACC including vests, lanyards, etc
- ❖ I will bring questions and concerns to the Manager so they can be cared for.
- ❖ I understand that as a volunteer, I have an important position upholding the reputation and aiding in the functioning of the FACC and if it is seen that I'm breaking an agreement, the appropriate steps will be taken by FACC management.
- ❖ I agree to follow all the policies and complete all duties fully.

Name _____ Signature _____ Date _____



Emergency Contact Information

Please complete the information below:

VOLUNTEER

Name First		Last	
Address			
City	State		Zip Code
Phone number		Cell number	
Known allergies/medical issues that FACC staff should be made aware of:			

EMERGENCY CONTACT

Name First		Last	
Relationship to Volunteer			
Phone number		Cell/Alternate number	

Volunteer Signature		Date
---------------------	--	------