

Matthews Playhouse Apprentice Application

Summer 2018

Name: _____ Date of Birth: _____

Parent(s) Name: _____

Email: _____

Primary Phone: _____ Second Phone: _____

Address: _____

School(s) Attending: _____

Hobbies/Interests: _____

List below the aspects of theatre that MOST interest you:

References

Name: _____ Title: _____

Relationship to applicant: _____ Email: _____

Name: _____ Title: _____

Relationship to applicant: _____ Email: _____

Name: _____ Title: _____

Relationship to applicant: _____ Email: _____

Resume and Personal Statement

Please attach a resume or list of experience along with a 500-word personal statement summarizing your future goals and explaining why you're interested in apprenticing at Matthews Playhouse. Tell us about what you have to offer as a volunteer working with our campers this summer. (required)

How did you hear about our program? _____

Matthews Playhouse Apprentice Parent Form

Summer 2018

Child's Name: _____ Date of Birth: _____

Parent(s) Name: _____ Primary Phone: _____

Email: _____

Permission:

I understand what is involved with the Matthews Playhouse's Apprentice program and give my child permission to participate if accepted into the program.

Sign: _____ Date: _____

Transportation Agreement:

I understand that I am responsible for my child's transportation and will make arrangements for my child to be present when scheduled.

Sign: _____ Date: _____

Photo Release:

I give permission for Matthews Playhouse to take photos of child to use for purposes of promoting summer camps and the apprentice program.

Sign: _____ Date: _____

Liability Release:

I understand that performing arts and related activities may present a risk of injury to the participant. I further understand that the inherent risk of injury cannot be eliminated regardless of the care taken to avoid injury. I agree to assume that risk in order to participate in these activities.

The undersigned acknowledges that the participant is in good health and does not have any history or a medical or physical condition that would place the participant at risk due to the participant's medical or physical condition.

I do hereby release and forever discharge Matthews Playhouse, their predecessors and successors, employees, agents and assigns, and all other persons, corporations, and entities from all claims, expenses, attorney fees, and causes of action or suits of any kind or nature associated with the participant's involvement with Matthews Playhouse.

Sign: _____ Date: _____

*Please submit all completed applications to:
summerstaffmp@gmail.com*
