

ACTING ANTICS



actingantics.org
610-942-4219
info@actingantics.org

P.O. Box 545
Broomall PA 19008
@actinganticsinc

VOLUNTEER APPLICATION

FREQUENTLY ASKED QUESTIONS:

- What volunteer options are available?
 - Board Members (multi-month/year long term)
 - Program Volunteers (Seasonal multi-week session)
 - Event Volunteers
- How do I get started?
 - Contact us at info@actingantics.org and we'll find the right spot for you to help!
- Does Acting Antics, Inc., complete any reference checks or background checks?
 - Volunteer applicants working directly with our participants over the age of 18 must complete state-mandated clearances, an online child abuse prevention course, and online registration.
- I need to fulfill community service hours for high school/college. Can I complete them at Acting Antics, Inc.?
 - Yes, you can! Please contact us as early as possible to allow time for your application to be processed and plan ahead for the hours you need. See the [*Information About Clearances*](#) section below.
- Does Acting Antics, Inc., offer training?
 - Yes! Whether you're volunteering for one event, helping with a seasonal show, or want to become part of our teaching, teaching assistant, administrative/social media team, or a Board Member, we'll lead the way.
- What should I wear?
 - Professional appearance is essential for our audiences and visitors to maintain a favorable impression of all of our efforts at Acting Antics. Some basic essentials of appropriate dress include the wearing of socks and shoes. Clothing should be neat and clean. As our programs and events usually involve physical activity, Volunteers should avoid wearing restrictive or revealing clothing, tank tops, halter-tops or any extremes in fashion, accessories, or fragrances. Clothing with inappropriate slogans are prohibited. We recommend an Acting Antics logo t-shirt that we can provide to you.

YOUR INFORMATION:

Name _____

Email Address _____

Mailing Address _____

Telephone number _____

Your Birthdate _____

Today's Date _____

Have you volunteered with Acting Antics before? If yes, please list your volunteer role(s):

In what capacity are you interested in volunteering?

- ☐ Event help *
- ☐ Teaching
- ☐ Teacher's assistant
- ☐ Administrative help (some can be done from home) *
- ☐ Fundraising help (some can be done from home) *
- ☐ Other* _____

**** If you are only interested in one-day special event help, administrative help, or fundraising help, clearances are not required.***

INFORMATION ABOUT CLEARANCES:

*If you are interested in teaching or assisting with teaching, a staff member at Acting Antics, Inc., will email you instructions for completing Pennsylvania State and Federal required clearances. **Clearances and training are required for volunteers who assist with Acting Antics, Inc., programs and operations.***

Clearance certificates must be submitted to Acting Antics, Inc., prior to your volunteer start date. Copies of clearances completed within the last five years will be accepted, upon review, by Acting Antics, Inc. Some clearance submissions take up to three weeks for results.

Please select the reason(s) you wish to volunteer:

- ☐ Middle school, high school, church, civic association, or National Honor Society community service requirement
- ☐ College or university course requirement (non-internship)
- ☐ Learn about unpaid opportunities related to my major or career goals
- ☐ Court-ordered community service hours
- ☐ Deeper connection to my community
- ☐ Other... _____

What are some of your skills that you would like to contribute, and/or that you would hope to gain by volunteering with us (teaching, tutoring, administrative skills, computer, social media, marketing, phone calling, supervision, etc.)?

If you have any previous or current personal, work, or volunteer experience that relates to our mission of providing social instruction through music and theatre arts to an inclusive, all-abilities group of children, teens, and adults, and/or the administrative side of our organization, please describe it below. (You may also attach a resume or put more information on the back of this form if needed.)

Do you have any relative(s) and or friend(s) who work or volunteer with Acting Antics? If yes, please specify: (Name, Position with Acting Antics, Relationship to you)

How did you learn about Acting Antics? (Select all that apply.)

☐ My friend or relative ☐ Facebook ☐ Instagram ☐ Twitter ☐ Google search
☐ Acting Antics website ☐ News outlet ☐ Event ☐ Acting Antics actor, their family or friend
☐ Acting Antics teacher, staff member, or volunteer ☐ Other: _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship to you _____

Phone _____ Email _____

REFERENCES:

We contact references for all volunteer positions that work with children or vulnerable adults. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. Two references are required.

Reference 1 Full Name: _____ Email: _____

Relationship to you: _____ Phone: _____

Reference 2 Full Name: _____ Email: _____

Relationship to you: _____ Phone: _____

AUTHORIZATIONS AND AGREEMENTS:

Authorization:

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Acting Antics, Inc.

☐ Yes

COVID-19 Screening Agreement:

I agree to comply with Acting Antics, Inc.'s COVID-19 self-assessment and on-site assessment procedures before each volunteer shift. Acting Antics, Inc. works in alignment with the CDC Guidelines to fight community transmission of COVID-19. Staff, volunteers, and visitors are asked to stay at home if they have COVID-19, feel at all unwell, or have been exposed to people who have COVID-19 or its symptoms.

☐ Yes

Liability Release:

I hereby release, indemnify, and hold harmless Acting Antics, Inc., its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Acting Antics, Inc. activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Acting Antics, Inc.

☐ Yes

Media Release:

In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Acting Antics, Inc. I understand that Acting Antics, Inc. will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Acting Antics, Inc. materials such as printed publications, the Acting Antics website (www.actingantics.org), videos, social media, grant proposals, and promotional materials to support Acting Antics and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Acting Antics staff and

administration at info@actingantics.org or at 610-942-4219. Once requested, Acting Antics, Inc., will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

____ I agree ____ I decline

VOLUNTEER SIGNATURE:

I have read and understand the above information. I agree that the information I have provided is correct and that I will provide Acting Antics, Inc., with any further documentation if needed (clearances, etc.).

Signed:

Volunteer Signature

Today's Date

Signature of Parent or Guardian if Volunteer is under 18 years of age

Today's Date