

2025—2026 Downey Theatre Volunteer Program

Creating Change and Making Differences!

8435 Firestone Blvd
Downey, CA 90241
Phone: 562-861-8211
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Instagram: [@downeytheatrevolunteers](https://www.instagram.com/downeytheatrevolunteers)



Today's Date: _____

Applicant's Name: _____

Birthdate: _____

Contact Information

Primary Phone: _____ Secondary Phone: _____

Email: _____

Address: _____ City: _____ Zip: _____

Emergency Contact Information

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Employment Information and Availability

Employment Status

☐ Student

School Name: _____

☐ Employed

Business/Title: _____

☐ Not Employed/Retired

General Availability (we understand this may change)

Comments about availability:

How many hours a month do you spend volunteering
at other organizations?

☐ 0-5 hrs

☐ 5-10 hrs

☐ 10+ hrs

	<u>Weekdays</u>	<u>Weekends</u>
Morning	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>

School or Organization Required Hours Questions

Is your school or organization requiring you to submit hours? Yes or No

If yes, how many hours do you need? _____

How long do you expect to be volunteering with the Downey Theatre? _____

If you're in school, when is your Graduation date? _____

Do you currently know someone volunteering with us? If yes, please state their name _____

Do you need any special accommodations while volunteering with us?

Is there an area in volunteering you like to do?

Take tickets / Usher patrons to seats / Lobby Docent / Other

PARTICIPATION AGREEMENT

In return for orientation, training, supervision, and evaluation of my volunteer efforts, I agree to: (Please initial)

- _____ Take my volunteer commitment seriously and work in a professional manner.
- _____ Keep my agreed upon schedule, which includes: being on time, and notifying the Volunteer Coordinator in case of illness, delay, unavoidable absence. I will also remove myself from Volgistics in the event of an emergency.
- _____ Understand that my presence as a volunteer at the Downey Theatre is to provide a safe and pleasant environment for the patrons. I will notify the House Manager of any incident.
- _____ Be willing and able to work each duty station and position assigned at the Downey Theatre to what's available on Volgistics.
- _____ Be present in the building throughout my entire shift. I will notify the House Manager if I leave the property before my schedule shift ends.
- _____ I agree not to leave my shift without clocking my time out.
- _____ Promise to correctly input my time in and time out in the Volunteer Binder during my scheduled shifts.
- _____ Understand that I do not have, nor can I attain, any rights of regular, temporary or permanent employment with the Downey Theatre. Further, I understand that I am not eligible for any of the benefits available to employees of the Downey Theatre, including but not limited to worker's compensation insurance, medical, dental or vision coverage, or retirement benefits.
- _____ Respect others while volunteering and not encourage other volunteers to leave their assigned locations or positions.
- _____ I agree that I will not show up to an event without scheduling myself on Volgistics and/or emailing the Volunteer Coordinator.
- _____ Agree to follow the dress code for all events unless given special accommodations by the Volunteer Coordinator.
Dress code includes: All Black Attire.

**Failure to follow one or more of the agreements above under numerous occasions will result in immediate termination in the Volunteer Program.*

Signature_____

Date_____

TO BE COMPLETED ONLY IF VOLUNTEER IS A MINOR:

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the Undersigned authorizes the Downey Theatre, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

Signature of parent/guardian (if under 18) _____

Date_____

PHOTO RELEASE AGREEMENT:

I grant to Downey Theatre, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the Downey Theatre, its assigns and transferees to copyright, use, and publish the same in print and/or electronically. I agree that the Downey Theatre may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature of parent/guardian (if under 18) _____

Date_____

COMPLETED FORM MAY BE DROPPED OFF AT THE THEATRE DURING BOX OFFICE HOURS OR VIA EMAIL

Tuesday through Friday from 11:00 AM to 5:00 PM

Questions? Please call the Downey Theatre - (562) 861-8211

All Downey Theatre volunteers fall under the City of Downey Volunteer Program

