

## **The Music Man Technical Crew Registration**

Thank you for your interest in volunteering for Technical Crew for the Roberta Jones Junior Theatre production of *The Music Man*.

If you would like to participate in Technical Crew, it is important that you are able to make the full time commitment and are able to follow Junior Theatre rules. Please review the attached Technical Crew Schedule and RJJT Rules Sheet and make sure you are able to attend all rehearsals and follow all of our rules.

To participate in Technical Crew, please return this completed form by Friday, February 15<sup>th</sup>. Your parent/guardian must sign and return the attached Volunteer Forms. For your convenience, you may fax these forms to Kevin Cornelius at 408-261-9146, or return the completed forms to the CRC front desk. **Please note that if your parents have already signed the volunteer forms for a previous Roberta Jones Junior Theatre production, you do not need to submit the volunteer forms again.** 

Name:
Age:
Address:
Phone:
"I would like to participate in Technical Crew for the RJJT production of <i>The Music Man</i> . I have read the Technical Crew Schedule and RJJT Rules and agree to attend all rehearsals/performances and follow all RJJT rules.
(Signature of Participant)
"I understand that my child would like to participate in Technical Crew for the RJJT production of <i>The Music Man</i> . I have reviewed the Technical Crew Schedule and RJJT Rules. I agree that my child will be able to attend all scheduled rehearsals/performances and follow RJJT rules.
(Signature of Parent/Guardian)



## The Music Man Technical Crew Schedule Roberta Jones Junior Theatre

#### Rehearsals

Tuesday, February 26, 4:00-6:30 p.m.

Friday, March 1, 4:00-6:30 p.m.

Saturday, March 2, 9:00am-5:00pm (There will be a lunch break. Please bring lunch)

Monday, March 4, 3:45-7:15 p.m.

Tuesday, March 5, 3:45-7:15 p.m.

Friday, March 8, 3:45-7:00 p.m.

Monday, March 11 3:45-7:00 p.m.

Tuesday, March 12, 3:45-7:00 p.m.

Thursday, March 14, 3:45-7:00 p.m.

Thursday, March 21, 3:45-7:00 p.m.

#### **Performances**

Friday, March 15, 5:00pm-end of performance (time TBA)

Saturday, March 16, 5:00pm-end of performance (time TBA)

Sunday, March 17, 12:00pm-end of performance (time TBA)

Friday, March 22, 5:00pm-end of performance (time TBA)

Saturday, March 23, 5:00pm-end of performance (time TBA)

Sunday, March 24, 12:00pm-end of performance (time TBA) Cast/Crew Party after show.



# The Music Man Crew Member Rules and Responsibilities

Since its inception in 1968, Roberta Jones Jr. Theatre has maintained high standards of performance in producing high quality musicals, dramas, touring company programs, creative dramatics, and technical classes. You are joining a heritage of outstanding theatre for young people. By becoming a cast or crewmember of RJJT you are agreeing to adhere to the following standards as a requirement for continued participation. We welcome you to this wonderfully fun and educational environment.

## A Special Note Regarding Responsibility

Please take your commitment to our production very seriously. The safety of all our cast and crew depends upon all crew members being present for all rehearsals and performances. Please do not join our crew if you cannot be at all of your scheduled rehearsals and performances. Once rehearsals have started, if you are given the opportunity to participate in something else that conflicts with our schedule, please remember that you have made a commitment to over 60 people to be here. We can't do our production without 100% commitment from everyone involved.

### **Participant Responsibilities**

In order to treat all participants equally and to achieve the best production possible, RJJT stresses the importance of personal responsibility and total commitment. The staff expects the participants to follow all of the attendance and participation rules. If you cannot follow these rules there will be certain consequences for your actions. These consequences are listed at the end of this form.

- 1. All participants and staff members are entitled to proper respect from each other.
- RJJT is a drug-free environment. Smoking or the use of drugs and alcohol will not be permitted anywhere on the Mission City CPA or CRC/Central Park grounds before, during or after RJJT rehearsals and performances.
- 3. Participants must show respect for all public and private property.
- 4. Please refrain from running, pushing, and engaging in horseplay in the Community Recreation Center. Fighting will not be tolerated at any time.
- 5. No profanity or inappropriate language/gestures are allowed.
- 6. Hands and feet are to be kept to yourself.
- 7. It is important during rehearsals to be quiet and attentive. Do not bring noisy toys such as a Gameboy, or a CD player, etc. Participants not directly involved in a rehearsal should bring books or something quiet to do.



- 8. For safety reasons, there will be no gum chewing at any time.
- 9. You must remain in the auditorium or other rehearsal area during rehearsals. If you need to leave to use the restroom, you must sign out with a staff member in charge.
- 10. No food or drink (except bottled water) will be allowed in the auditorium, or backstage areas during rehearsals or performances. Appropriate eating areas will be provided when necessary.
- 11. Always bring a pencil and your script/technical notes to each rehearsal.
- 12. Bare feet or sandals are not permitted on stage at any time due to the possibilities of injury.
- 13. You may be required to wear all black clothing and shoes if you are working on backstage crew.
- 14. Please do not bring valuables, expensive electronic equipment or large amounts of cash to any rehearsal or performance. We are not responsible for lost, stolen or damaged personal belongings.

### **Attendance Responsibilities**

It is imperative that you attend all rehearsals for which you are scheduled! If you miss a rehearsal without pre-approval, the staff will decide on a consequence depending on the severity of the disruption. So, clear your calendars so that you can be at ALL of your rehearsals. This also applies to medical or dental appointments and vacations. Should you be extremely ill and unable to attend rehearsal you must call (408) 615-3156 at least 30 minutes <u>before</u> rehearsal (please leave a message).

You must be on time and stay until the end of rehearsal. Please arrive between ten and fifteen minutes before the scheduled start time, and be ready to begin rehearsing at the scheduled start time. If there is an attendance problem we will communicate with the parent and then the staff will make the decision about your continued participation in the production. We will also call you if you fail to come to rehearsal when scheduled. This is to find out why there is an absence and to make sure that you are safe.

IF YOU FAIL TO ATTEND A PERFORMANCE OR A DRESS REHEARSAL YOU WILL NOT BE ALLOWED TO PARTICIPATE IN THE SHOW. The staff may make an exception to this general rule under very unusual circumstances.



The consequences for talking, interrupting, or engaging in any disruptive behavior during a rehearsal will be as follows:

- First Occurrence: You will be issued a verbal warning
- **Second Occurrence**: You will sit in a separate assigned area for an amount of time to be determined by the staff.
- Consequences for other infractions will include, but not necessarily be limited to the following:
  - You will sit in a separate assigned area for an amount of time to be determined by the staff.
  - 2. You may be assigned special work projects to be done as scheduled.
  - 3. Your parents will be called and made aware of the problem.
  - 4. You will be suspended from a rehearsal and removed from a portion of the show.
  - 5. You can be dropped from the program.

These rules have been put in place to ensure a fair, safe, and fun environment for everyone involved. Should any problem not specifically covered by these rules arise, it will be handled in a matter deemed appropriate by the entire staff. The RJJT has a long history of producing high quality shows and outstanding young adults. The primary goal of the RJJT has always been to develop in each member a sense of responsibility and respect for others. We sincerely hope that the lessons learned here will benefit each member in his/her future and serve as a reminder of how much fun it can be to work as a team toward a common goal.



## CITY OF SANTA CLARA VOLUNTEER APPLICATION



This form must be completed by anyone volunteering for an assignment other than a specific Special Event.

PERSONAL INFORMATION.						
Name					Date	
Address						
Home Phone:		Cell Phon	e:		Work Phone:	
E-mail:			Date	e of Birth:	Driver's Lic	ense #
EDUCATION BACKGROUND						
Circle the highest grade of						
High School Graduate: 🗖 Y	es 🗖 No If no, passed	d High School	Equivalen	cy Test: 🗖 Yes 🗖 No		
Major, Graduate School De	egree, etc.:					
Name and Location of Coll	ege:					
WORK EXPERIENCE (optional	l)					
Are you presently employed  Employed full-time  Full-time student		time	☐ Tempo	orarily unemployed	☐ Looking for v	work
Last three (3) employers or	name of school:					
Employers or name of scho	ol:				Job Title or School Ye	ar:
Address:						
Employers or name of scho					Job Title or School Ye	ar:
Address:				<del>-</del>		
Employers or name of scho					Job Title or School Ye	ar:
Address:						
DEFEDENCES						
We ask that you provide at						
Name:					Phone Number:	
E-mail:				How long	has this person known	λοn <sub>s</sub>
Name:					Phone Number:	
E-mail:				How long	has this person known	λοn <sub>s</sub>
					Phone Number:	
F 11:					has this person known	
VOLUNTEER EXPERIENCE & IF	NTEREST:					
What are your goals in volu	nteering?					
How did you hear about the	e volunteer program	ş				
•	on. Tue. Wed.			Time Availability:		
Afternoon:				<ul><li>Flexible</li><li>Occasionally</li><li>Weekly</li></ul>	☐ Monthly☐ Summer	
Would you be willing to be	"on-call" for special (	assignments?		,		
The length of commitment:		_				
EVDEDIENCE.						
					Position:	
Dates of volunteer work:					veek?	
					Position:	
Dates of volunteer work: _						
Agency:  Dates of volunteer work:				Hours per w	Position:	
Dates of Autiliteer Mork.				HOURS DAY W	NEEK.	

#### MEDICAL INFORMATION SHEET

Please note any medical conditions or concerns (asthma, heart conditions, etc.)

EMERGENCY CONTACT INFORMATIO	DN	
Name	Relationship	
Home Phone:	Cell Phone:	State Zip Work Phone:
Note: This does not include conviction of a crime will not necesseriousness and nature of the violation	ons related to marijuana offenses that occurressarily disqualify you from volunteer employment on, and rehabilitation will be considered whe a separate piece of paper the circumstances	seven years (felony or misdemeanor)?  Yes No ed two or more years before the date of application. ent. Factors such as the age and time of the offense, in making any volunteer employment decisions. If your surrounding such offense including place, date, name
otherwise on release pending trial?	☐ Yes ☐ No ged with, the date of arrest and the court befo	y out on bail, out on your own recognizance or ere which the action is pending. Such an arrest will not
Are you a registered sex offender?	Tyes No	
VOLUNTEER CERTIFICATION AND AG	REEMENT (Initial each section and sign below)	
<ul> <li>Letter of reference (upon reference)</li> <li>Worker's Compensation becards</li> <li>The same respect given to</li> <li>Ongoing evaluations and strength</li> <li>Perform my duties to the because Regular and prompt attentions.</li> </ul>	allow the volunteer to meet the responsibilitie equest) enefits in case of injury. Must be a registered vipaid City staff and deference given to a valued to be a volunteer for the City of the City o	olunteer with the City and must regularly submit time table City asset of Santa Clara agree to the following:  ossible when unable to work. Decreation Center at the end of each month
	I understand that falsification, misrepresentat	plete and correct to the best of my knowledge and ion, or omission of facts called for by this application
institutions, and law enforcement a release from liability the City of Sant	gencies, and otherwise verify the accuracy of	ation from all references, employers, educational f the information contained in this application. I hereby pathering and using such information and all other
If I become a volunteer, I ur end my volunteer position.	nderstand that I am free to resign at any time	and my volunteer employer reserves the same right to
I understand and agree that length time hinges on the quality of	• •	act for volunteer time for any definite duration. The
I understand and agree tha	t as a volunteer I may be fingerprinted.	
I represent and warrant that I have	read and fully understand the foregoing and	seek to volunteer under these conditions.
Signature of Volunteer		Date

Signature of Supervisor \_\_\_\_\_\_ Date \_\_\_\_\_

#### CITY OF SANTA CLARA, CALIFORNIA PROGRAM PARTICIPANT RELEASE OF LIABILITY FORM

			Date
(PLEASE PRINT OR TYPE)			
Participant's Name			
Address	City	State	Zip
Home Phone:		DOB:	
Parent's Name			
Address	LITIC ADDRESS		
(IF DIFFERENT THAN PARTICIPA	NI.2 ADDKE22)		
Council, representatives, employees, vol obligations, causes of action, and liability Program,	of Santa Clara, California, a chartered Counteers, agents and/or assigns, as well as of any kind, arising from the Participant's invor in connection with any work, labor, or se conducted and sponsored by	all other participan volvement in any eve ervices performed by	ts, from any and all claims nts conducted as part of the the undersigned for and or
	lete release covering any possible claims, conection with the		e, involving personal injury o
connection with the the undersigned for or on behalf of City o	cifically limited to, any claim for any injuries  Program related actions in connect r, regardless of which may be suffered	ion with any work, lak hether the undersigns	oor, or services performed by ed is actually participating ir
granted by City to the undersigned to	undersigned's participation in the enter onto City property or to participal ermission granted by City to the undersigne	ate in events and	activities sponsored by the
employees, volunteers and agents, from	pant agrees to protect, defend, hold han and against all claims, injury, liability, loss, in Participant's participation in the	cost, and expense,	arising out of, occurring by
ADULT PARTICIPANT			
Signature:		Do	te
Print Name:			
PARENT OR GUARDIAN OF MINOR PARTICIF	PANTS		
Name of Minor Child:		Do	ite
Print Name:			