

VOLUNTEER SIGN-UP



Thank you for your interest in volunteering at the Los Angeles Theatre Center!
Please fill out this application, sign the waiver, and send it to Dyanne Court at dyanne@thelatc.org
We look forward to having you!

VOLUNTEER INFORMATION

LAST NAME:

FIRST NAME:

EMAIL:

PHONE #:

STREET ADDRESS:

CITY:

STATE:

ZIP:

VOLUNTEER POSITIONS

Please check the positions you are interested in.

Host/ Hostess

Box Office

Technician

Catering

Usher

Greeter

Other

AVAILABILITY

| | Morning | Afternoon | Evening | All day | Unavailable |
|-----------|---------|-----------|---------|---------|-------------|
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |
| Sunday | | | | | |

Amount of hours you can
give per week:

VOLUNTEER CREDIT

Do you wish to receive
school credit or
community service
hours?

Yes
No

NAME OF
ORGANIZATION OR
SCHOOL

EMAIL:

STREET ADDRESS:

CITY:

STATE:

ZIP:

PHONE #:

LANGUAGE SKILLS

Language:

Speak

Write

Read

Language:

Speak

Write

Read

OTHER SKILLS & EXPERIENCES

1. Why are you interested in volunteering at the LATC?

2. Have you ever applied to the LATC? If so, when and in what capacity?

3. Please list your customer service skills and elaborate on your experience.

4. What other organizations have you volunteered with?

5. Have you ever been convicted of a crime? Yes
No

If yes, please explain. An affirmative response will not disqualify you from being considered.

6. Do you have a friend who would like to volunteer at the LATC? *If so, enter their full name and phone number.*

7. How did you hear about us? Email
Word of Mouth
Website
Other



514 S Spring St., Los Angeles, CA 90013
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www.thelatc.org

www.encuentrodelasamericas.org

Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer in _____(activities) efforts to be conducted by the Latino Theatre Company, operators of the Los Angeles Theatre Center, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary _____(list of activities) or other activity of any nature, including the use of the equipment and facilities of the Los Angeles Theatre Center. Further, I, for myself and my heir, executors, administrators, and assignees, here by release, waive, and discharge The Latino Theater Company and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators, or assignee ever may have against any of the above for, on account of, by reason of or arising in connection with such voluntary activity efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature of Volunteer

Date

Please download this application and send it to Dyanne Court at dyanne@thelatc.org