



A 501 (c) 3 Non-Profit Organization

4122 NE Sandy Blvd, Portland, OR 97212 / 503.493.1128 / fax 503.335.9305

Please return your completed Volunteer Application and Agreement to the theatre, or email to [connor@hollywoodtheatre.org](mailto:connor@hollywoodtheatre.org).

Name \_\_\_\_\_ Birthdate (dd/mm/yy) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact (Name/Relationship/Phone) \_\_\_\_\_

Do you have any medical conditions about which you feel we should know, or which may affect your ability to perform the duties requested of volunteers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Volunteering at the Hollywood Theatre generally entails working at the box office and/or behind the concessions stand. In order to work behind the concessions stand, you must have a current OLCC Alcohol Service Permit. Do you have a current OLCC Alcohol Service Permit (not required to volunteer)?

\_\_\_\_\_

Do you have any special skills we may be able to utilize? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any previous volunteer experience and/or applicable work experience for the past 5 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently, regular volunteer shifts are approximately 3-4 hours. Weekday shifts usually begin at 6:00pm and end around 9:30pm; weekend shifts generally span 1:00-4:00 and 6:00-9:30pm. Exact shift times vary from week to week.

Preferred day(s): \_\_\_\_\_

Preferred hours: \_\_\_\_\_

How did you learn about volunteering at the Hollywood Theatre and what motivated you to volunteer with us?

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Favorite films or genres? \_\_\_\_\_

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Please provide two personal references (Name/Relationship/Length of Relationship/Phone):

1. \_\_\_\_\_
2. \_\_\_\_\_

I, \_\_\_\_\_, give permission to the Hollywood Theatre to obtain information regarding my previous volunteer and/or work experience. I certify that the facts set forth in this Volunteer Application are true to the best of my knowledge. I have read and understand the Hollywood Theatre Volunteer Application and related Hollywood Theatre Volunteer Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Receiving Staff Initials and Date \_\_\_\_\_

**HOLLYWOOD THEATRE VOLUNTEER AGREEMENT**

1. I understand that, while volunteering, I will be representing The Hollywood Theatre (“Theatre”). While I am volunteering, I agree to the act in the best interests of the Theatre.
2. I understand that the Theatre relies on each volunteer to keep the commitments of scheduled shifts, and to notify the Theatre at least 24 hours in advance of cancellations, except in the event of emergencies.
3. I agree to work with all Theatre staff and other volunteers.
4. To the best of my ability, I will follow all instructions of the Theatre staff.
5. I understand that inappropriate remarks or behavior towards Theatre staff, volunteers, or patrons will not be tolerated.
6. I will immediately report any safety hazards, incidents, or accidents to Theatre staff.
7. I will respect guidelines for volunteer behavior when I attend films or events outside of my scheduled volunteer shifts.
8. I understand that volunteering under the influence of alcohol or other illegal substances is not acceptable, and I will not consume any such substances while on duty at the Hollywood Theatre.
9. My work with the Theatre is strictly voluntary, and while I can enjoy the benefits of volunteering, I understand that volunteering is not for pay, and does not imply the promise of an offer of employment.
10. I understand that failure to comply with this Agreement, and the instructions of Theatre staff, will result in termination of my role as a volunteer.
11. I hereby release the Theatre and its staff from any and all liability for loss, damage, injury, or illness to any person or property which may be incurred through participation in the Hollywood Theatre Volunteer Program. I understand that I have the option of refusing to perform any task which I feel may be unsafe or have potential for personal harm, and that it is my sole responsibility to make such a determination.
12. I consent to and permit emergency medical treatment in the event of illness or injury, including transportation to a medical facility, and will be solely responsible for any and all related costs, whether or not I choose to carry personal health insurance..
13. I give the Theatre permission to use my name and any photograph, voice or likeness of me in any promotional materials or publications. I consent to and authorize in advance such use and waive my rights of privacy I have in connection therewith.
14. In signing this Agreement, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, agree to absolve and hold harmless the Theatre, its directors, officers, sponsors, cooperating organizations, and any other parties connected with the Theatre in any way together with their respective successors and assigns, singularly and collectively, from and against any blame and liability for injury, harm, loss, inconvenience or damage of any kind whatsoever, which may result from or be connected to my participation in the Hollywood Theatre Volunteer Program.

Signature\_\_\_\_\_Date\_\_\_\_\_

Printed Name\_\_\_\_\_

Receiving Staff Initials and Date \_\_\_\_\_