

VOLUNTEER APPLICATION AND RELEASE

THE HOLLYWOOD THEATRE

4122 NE Sandy Blvd., Portland, OR 97212 • Phone: 503-493-1128 • Fax: 503-335-9305

A 501(c)3 Non-profit Organization

Please return your completed Application and Release and Volunteer Agreement to our staff in the office or theatre. Thank you for your interest in the Hollywood Theatre.

Name _____ Date received/1st shift (for office use) _____

Address _____ City _____ Zip _____

Email Address _____ Birthday (day/month) _____

Phone Numbers: Day _____ Evening _____

Employer: _____

The best way to contact me is _____

Emergency contact information: Name/Relationship _____

Telephone _____

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? _____

Please indicate the kind of volunteer work you are interested in performing:

Box Office/Concessions Operations _____

Working on Special Events _____

Promoting Films and Events _____

Restoration/Building Upkeep _____

Office/Mailing Projects _____

Other (please describe): _____

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

Currently, regular volunteer shifts are approximately 3-4 hours. Weekday shifts usually begin at 6:30pm; weekend shifts usually begin at 1:15, 3:45, 6:30, and 8:30 pm. Exact shift times vary due to special events. Please check here if you are available weekend mornings _____

I would like to volunteer weekly _____ twice monthly _____ other _____

Preferred day(s): _____

Preferred hours: _____

Are you available on short notice? _____

How did you learn about volunteering at the Hollywood Theatre?

What motivated you to volunteer with us?

What is your favorite film or film genre?

Please describe your previous volunteer experience and applicable work experience for the past 3 years. Include, if possible, the name of the organization, dates of service, duties performed, and primary contact name and phone number or email address.

Please provide two personal references who are not related to you:

1. Name/Relationship _____

Length of Relationship/Telephone _____

2. Name/Relationship _____

Length of Relationship/Telephone _____

VOLUNTEER APPLICATION AND RELEASE, cont'd.

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, Agreement, and Handbook. I hereby release Film Action Oregon, the Hollywood 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's Volunteer Program. I understand that I have the option of refusing to perform any work task which I feel may be unsafe or have the potential for personal harm, and that it is my responsibility to make such a determination.

Signature _____ Date _____

Printed Name _____

If prospective volunteer is under the age of 18, I hereby consent to the above.

Parent's/Guardian's Signature _____ Date _____

Printed Name _____

**HOLLYWOOD THEATRE
VOLUNTEER AGREEMENT**

1. I have read and understand the policies and procedures set forth in the Volunteer Handbook, and I will abide by these policies and procedures.

2. I understand that I will be representing the Hollywood Theatre, a project of the nonprofit Film Action Oregon. While I am volunteering, I agree to act in the best interests of the Theatre.

3. 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.

4. I agree to work with all Theatre staff and other volunteers.

5. To the best of my ability, I will follow all instructions of the Theatre staff.

6. I understand that volunteering while 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 Theatre.

7. I will immediately report any potential safety hazards, incidents or accidents to Hollywood Theatre staff.

8. I understand that inappropriate remarks or behavior toward Theatre staff, volunteers, or patrons will not be tolerated.

9. I will respect guidelines for volunteer behavior when I attend films outside my scheduled volunteer shifts.

10. My work with the Theatre is strictly voluntary, and while I can enjoy the benefits of volunteering as stated in the Volunteer Handbook, I understand that volunteering is not for pay, and does not imply the promise of an offer of employment.

11. I understand that failure to comply with this Agreement, the policies in the Volunteer Handbook, and the instructions of Hollywood Theatre staff will result in discontinuation of my role as a volunteer.

Volunteer Signature _____ Date _____

Printed Name _____

Receiving Staff Initials and Date _____