



**@SUGDEN  
COMMUNITY THEATRE**  
701 5<sup>th</sup> Avenue South - Naples, FL 34102  
WWW.NAPLESPLAYERS.ORG

**THE NAPLES PLAYERS VOLUNTEER & MEMBERSHIP APPLICATION 2017-2018**

(A separate application is required for each family member)

Mr. / Mrs. / Ms. Name: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residential Community: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_  Year-round Resident  Seasonal Resident

If seasonal, please note the months to send correspondence to your Local Address: \_\_\_\_\_(month) through \_\_\_\_\_(month)

Out of State Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Out of State Phone: (\_\_\_\_\_) \_\_\_\_\_

**MEMBERSHIP TYPE:** (Please choose one):  Individual \$35  Student (through 12th grade) \$20  Volunteer\*

Donation (optional):  \$25  \$50 Other \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_ For?: Operating Fund Endowment Fund KidzAct

\*Volunteers with TNP are not required to become members of the organization. However, membership benefits may include: complimentary preview tickets, voting privileges, and discounts to classes.

**PAYMENT:** Please make checks payable to **The Naples Players** or complete the information below to pay with a credit card.

Print name as it appears on credit card: \_\_\_\_\_

Billing Address:  Local Address above  Out of State Address above

AMEX DISC MC VISA Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE INDICATE YOUR INTERESTS BELOW:**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Actor               | <input type="checkbox"/> Dresser                              | <input type="checkbox"/> Light Board Operator | <input type="checkbox"/> Set Construction     |
| <input type="checkbox"/> Adult Classes       | <input type="checkbox"/> Electrics (lighting)                 | <input type="checkbox"/> Lobby Decorations    | <input type="checkbox"/> Sewing               |
| <input type="checkbox"/> Audio Assistant, A2 | <input type="checkbox"/> ETC... Play Readings                 | <input type="checkbox"/> Mailing Crew         | <input type="checkbox"/> Sound Board Operator |
| <input type="checkbox"/> Backstage Crew      | <input type="checkbox"/> Fly Rail/Rigging                     | <input type="checkbox"/> Marketing            | <input type="checkbox"/> Special Events       |
| <input type="checkbox"/> Board of Directors  | <input type="checkbox"/> Fundraising                          | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Spot Light Operator  |
| <input type="checkbox"/> Cleaning Crew       | <input type="checkbox"/> Hair & Makeup                        | <input type="checkbox"/> Painter              | <input type="checkbox"/> Stage Management     |
| <input type="checkbox"/> Clerical/Data Entry | <input type="checkbox"/> KidzAct Youth Theatre Assistant/Crew | <input type="checkbox"/> Properties (props)   | <input type="checkbox"/> Ushering             |
| <input type="checkbox"/> Dancer              | <input type="checkbox"/> Librarian                            | <input type="checkbox"/> Receptions           | <input type="checkbox"/> Vocalist             |

Other interests or related skills?: \_\_\_\_\_

As a volunteer or member of The Naples Players I understand that I have agreed to volunteer my time and talents toward accomplishing the goals of said organization. I also understand and agree that the organization, its instructors, agents, and employees are not responsible for my welfare or behavior while I am participating in any volunteer duties on behalf of the theatre. The organization assumes no responsibility or liability for my actions, or for those of any other participant. I do, therefore, release, acquit, satisfy, and forever discharge The Naples Players, its instructors, agents and employees from any and all injuries, expenses, and liabilities whatsoever, incurred as a result of my participation as a volunteer, including, but not limited to: any negligence or any other act or omission on the part of the organization, its instructors, agents or employees. I consent to the use of my name and/or likeness in promotional materials, including social media.

I have read, understand and accept.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent signature if applicant is under 18)

**PLEASE COMPLETE MANDATORY BACKGROUND CHECK ON SIDE 2**

# VeriFYI

## Background Verification Release Form

TNP OFFICE USE ONLY			
RUN:	___/___/___	INIT:	___
IN DP:	___/___/___	INIT:	___

### The safety of our members, volunteers and staff is our primary concern.

It is the policy of The Naples Players to prohibit individuals with certain criminal histories to volunteer or become a member. A background check is required of all prospective members and volunteers (over the age of 18) and remains on file for the duration of the member's or volunteer's involvement with TNP. Thank you for understanding that we are providing a safe environment for everyone involved.

#### AGENCY INFORMATION

Name: The Naples Players, Inc. | Phone: 239-434-7340 | Fax: 239-434-7772  
Contact: John F. Sorey, III / 239-434-7340 x104 / jsorey@naplesplayers.org

#### APPLICANT INFORMATION

Applicant Full Name (Last, First, MI): \_\_\_\_\_

Maiden or Other Names(s) Used: \_\_\_\_\_

Volunteer  Member Other: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I hereby authorize VeriFYI and/or its Service Provider to request and receive any and all background information about or concerning me as it relates to any sexual offender or sexual predator history.

I hereby authorize The Naples Players, Inc. to conduct a comprehensive background investigation in connection with my potential volunteerism/employment. I understand and acknowledge that this may include, but may not be limited to, the following:

1. Obtain criminal history and arrest records;
2. Obtain records pertaining to civil actions in which I am or was previously a party;
3. Obtain driving history and records; and
4. Contact my previous employers regarding my character, ability and habits.

The sexual criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the sexual criminal history check may be repeated at any time. I understand that I will have an opportunity to review the sexual criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the sexual criminal history could contain information presumed to be expunged.

I further release and discharge VeriFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

This document shall act as an authorization for release of information by any party to The Naples Players, Inc. in connection with the background investigation described herein; or in the alternative I agree to execute a separate authorization for release of information as may be required by a party in order to furnish information in connection with the background investigation described herein. A copy of this Authorization may be presented in lieu of an original and shall have the same force and effect.

I agree to hold The Naples Players, Inc. harmless with regard to its activities in conducting this background investigation. I further agree to hold all persons or entities furnishing information to The Naples Players, Inc. in connection with this background investigation harmless with respect to any information which they give.

I understand that I have the right to make written request within a reasonable period of time to VeriFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature (if under 18 years of age)