

**THE NAPLES PLAYERS**  
**701 5<sup>th</sup> Ave. South**  
**Naples, FL 34102**

**VOLUNTEER & MEMBERSHIP APPLICATION 2016-2017**

*(Separate application required for each family member)*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

**Please Identify Your Interests by Checking the Space Below:**

- |                                                     |                                               |
|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Actor                      | <input type="checkbox"/> Librarian            |
| <input type="checkbox"/> Adult Classes/Workshops    | <input type="checkbox"/> Light Board Operator |
| <input type="checkbox"/> Assistant Stage Management | <input type="checkbox"/> Lobby Decorations    |
| <input type="checkbox"/> Audio Assistant, A2        | <input type="checkbox"/> Mailing Crew         |
| <input type="checkbox"/> Backstage Crew             | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Board of Directors         | <input type="checkbox"/> Painter              |
| <input type="checkbox"/> Clerical                   | <input type="checkbox"/> Properties           |
| <input type="checkbox"/> Dancer                     | <input type="checkbox"/> Receptions           |
| <input type="checkbox"/> Dresser                    | <input type="checkbox"/> Set Construction     |
| <input type="checkbox"/> ETC... Play Readings       | <input type="checkbox"/> Sewing               |
| <input type="checkbox"/> Fly Rail                   | <input type="checkbox"/> Sound Board Operator |
| <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Spot Light Operator  |
| <input type="checkbox"/> Hair & Makeup              | <input type="checkbox"/> Ushering             |
| <input type="checkbox"/> KidzAct                    | <input type="checkbox"/> Vocalist             |

Do you have any related skills which would be of benefit to The Naples Players?

\_\_\_\_\_

\_\_\_\_\_

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, 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 have read, understand and accept.

Parent/Guardian Signature (if under age 18) \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Continued on back)

Volunteers with The Naples Players are not required to become members of the organization, however, membership benefits may include: voting privileges, discounts to classes, and complimentary preview tickets (when volunteering a specific number of hours).

**Select One:**

Adult \$35       Student \$20 (**through 12<sup>th</sup> grade**)  
 I choose not to become a member at this time but plan to volunteer

**Donation** (optional)

\$25    \$50    Other \$\_\_\_\_\_ (Circle One)    Operating Fund    Endowment Fund    KidzAct

“A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE,” CH3852

**Payment Method:**

Check - Payable to The Naples Players  
 Cash  
 Credit Card (Circle One)    Visa    MC    Disc    Amex

**Return to:** The Naples Players  
701 5<sup>th</sup> Ave. South  
Naples, FL 34102

# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

**CONSENT FOR PUBLICITY**

I consent to the use of my name and/or likeness in promotional materials, including social media.

**Parent/Guardian Signature (if under age 18)** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_      **DATE:** \_\_\_\_\_

Anyone with a history as a Sexual Predator/Sexual Offender is barred from volunteering or being a member of The Naples Players. A background check is required of all prospective members and volunteers and remains on file for the duration of the member's or volunteer's involvement with TNP.

It shall be the policy of The Naples Players to require all members and volunteers to sign a "Hold Harmless Release" to become or continue as a member or to volunteer in any fashion here at the theater. This release will be kept on file for the duration of the member's or volunteer's involvement with TNP.

# VeriFYI

## Background Verification Release Form

### AGENCY INFORMATION

Date:	Name: The Naples Players, Inc.
Contact Name: John F. Sorey, III 239-434-7340 x104, <a href="mailto:jsorey@naplesplayers.org">jsorey@naplesplayers.org</a>	
Phone Number: 239-434-7340	Fax Number: 239-434-7772

### APPLICANT INFORMATION

Applicant Full Name (Last, First, MI):			
Maiden or Other Names(s) Used:			
Current Address:			
City:	State:	Zip Code:	County:
Position Applied For: Volunteer	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)