



701 5TH AVENUE SOUTH
NAPLES, FL 34102
WWW.NAPLESPLAYERS.ORG
(239) 434-7340

VOLUNTEER & MEMBERSHIP APPLICATION 2023-2024

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

A SEPARATE APPLICATION IS REQUIRED FOR EACH FAMILY MEMBER.

Mr. / Mrs. / Ms. Name: _____ Date of Birth: _____
 Year-round Resident Seasonal – please note the months spent at your LOCAL Address: _____ (month) through _____ (month)
Local Address: _____ City: _____ State: _____ Zip: _____
Residential Community: _____ School: _____
Phone: (_____) _____ Cell Phone: (_____) _____
E-MAIL: _____
Out of State Address: _____ City: _____ State: _____ Zip: _____
Out of State Phone: (_____) _____
EMERGENCY CONTACT: _____ PHONE: (_____) _____

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

Acknowledge as (optional): _____ Donation Frequency - Circle one: Once Monthly Yearly

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"/> 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?: _____

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This VOLUNTEER RELEASE AND WAIVER OF LIABILITY (this "Release") is executed as of

Date _____ by Name of Volunteer (Please Print) _____ ("I" or "me")

in favor of The Naples Players, Inc., a not-for-profit corporation organized and existing under the laws of the State of Florida, and its members, directors, officers, employees, volunteers, and agents (collectively, the "Organization").

I desire to volunteer for the Organization and engage in activities related to being its volunteer (the "Activities"). I understand that the Activities may include, but are not limited to, set construction, costuming, ushering, acting, backstage work, lighting, and working on the fly rails. I also understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

In exchange for being allowed to participate in the Activities as a volunteer and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

I. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards

and risks. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

The specific risks vary, but may involve minor injury, major injury, and serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I understand and appreciate the risks that are inherent to the Activities.

I hereby assert and agree, on behalf of myself, my family, heirs, personal representative(s), and/or assigns, that my participation in the Activities is voluntary and that I knowingly assume all such risks. I recognize the importance of following instructions regarding proper technique, training and other established safety rules, guidelines and regulations, but understand that I am ultimately responsible for my own safety, and I agree to abide by all rules and regulations governing the activity.

2. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the Organization from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I covenant not to make or bring any such claim or demand against the Organization, and fully and forever release and discharge the Organization from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE ORGANIZATION FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE ORGANIZATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR OTHERWISE.

4. Insurance. I UNDERSTAND THAT THE ORGANIZATION DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY.

I also understand that workers' compensation insurance is not available to volunteers and that the Organization does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of the Organization in the event of any injury or medical expense.

5. Indemnification. I hereby agree to indemnify, defend, and hold harmless the Organization from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees, that it may incur or sustain as a result of my negligence, recklessness, or willful misconduct in connection with my participation in the Activities, arising out of any third-party claim.

6. Photographic Release. I understand and agree that during the Activities, I may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

7. Miscellaneous. I hereby agree that this Release represents the full understanding between the Organization and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the Organization and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release.

8. Governing Law. I hereby agree that this Release is intended to be as broad and inclusive as permitted, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida, without reference to any choice of law doctrine.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

| | |
|---------------------|----------------------------------|
| Volunteer Signature | Name of Volunteer (Please Print) |
| Date | Address |

If the volunteer is under 18 years of age, a parent or legal guardian must also sign.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this Release. I authorize the Organization to obtain medical treatment for such minor and release it from liability in accordance with Sections 2 & 3 of this Release.

| | |
|------------------------------------|---|
| Parent or Legal Guardian Signature | Name of Parent or Legal Guardian (Please Print) |
| Date | Address |

IF OVER THE AGE OF 18, PLEASE COMPLETE MANDATORY BACKGROUND CHECK FORM (VeriFYI)



VeriFYI

Background Verification Release Form

| | |
|-------------------------|-----------|
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| RUN: ___/___/___ | INIT: ___ |
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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 staff, guest artists, and volunteers over the age of 18. 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: Bryce Alexander / 239-434-7340 x124 / balexander@naplesplayers.org

APPLICANT INFORMATION

Applicant Full Name (Last, First, MI): _____

Maiden or Other Names(s) Used: _____

Volunteer Other: _____ SSN: _____ Date of Birth: _____

Race: African American American Indian Anglo Asian Hispanic Other

Sex: Female Male

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

Applicant's Printed Name

Date



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COVID-19 VOLUNTEER RELEASE

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

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Date _____ by Name of Volunteer (Please Print) _____ ("I" or "me")

in favor of The Naples Players, Inc., a not-for-profit corporation organized and existing under the laws of the State of Florida, and its members, directors, officers, employees, volunteers, and agents (collectively, the "Organization").

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that The Naples Players, along with the CDC and many other public health authorities recommend practicing social distancing and wearing a face mask.

I further acknowledge that The Naples Players has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19; but that I must also do my part to prevent the spread of the Coronavirus/COVID-19 to myself and others.

I further acknowledge that The Naples Players cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to staff, volunteers, and other students, patrons and their families.

I voluntarily seek the services and experiences provided by The Naples Players and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19 by interacting with others. I acknowledge that I must comply with all set procedures to reduce the spread while on the premises.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and/or not yet cleared as non-contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible onsite and beyond The Naples Players to limit my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold The Naples Players harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the theatre, or that may otherwise arise in any way in connection with any services received from The Naples Players. I understand that this release discharges The Naples Players from any liability or claim that I, my heirs, or any personal representatives may have against the theatre with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from The Naples Players. This liability waiver and release extends to the theatre together with all Board Members, Trustees, and employees.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.

| | |
|---------------------|----------------------------------|
| Volunteer Signature | Name of Volunteer (Please Print) |
| Date | Address |

If the volunteer is under 18 years of age, a parent or legal guardian must also sign.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this Release. I authorize the Organization to obtain medical treatment for such minor and release it from liability in accordance with Sections 2 & 3 of this Release.

| | |
|------------------------------------|---|
| Parent or Legal Guardian Signature | Name of Parent or Legal Guardian (Please Print) |
| Date | Address |