

# The Alden Theatre

## Volunteer Usher Information Form



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please add me to the mailing list for The Alden's e-news

Can we call you as a last-minute sub?  Yes  No  
Have you attended our performances?  Yes  No  
Have you volunteered here before?  Yes  No When? \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Medical Information** (Please include anything that may help us in case of medical emergency, or anything that may inhibit your ability to safely serve audience members.)

In case of emergency: the staff of the McLean Community Center including its volunteers, have my permission to contact, at my expense, the nearest volunteer rescue squad or ambulance to provide treatment and or transport me to the nearest medical facility for treatment. In the event it is necessary, I give my permission to the medical facility to which I am transported, in order to save life and or limb to proceed with medical treatment.

Fairfax County and the MCC prohibit harassment or discrimination of volunteers or employees, based on race, color, religion, sex, national origin, age, or disability. Your cooperation regarding this policy is required.

I will uphold the professional standards of the McLean Community Center and acknowledge that the MCC staff and program participants are dependent upon my being present for the program(s) and scheduled time(s) for which I agree to serve. I understand that volunteering is a choice and that the MCC may have to reassign me or terminate me as a volunteer if it is determined that I am not a good fit or if I behave in a manner that does not represent the MCC well.

I certify that I am **over the age of 18** and agree to the terms set forth above.

The above named is **under the age of 18**. As parent or guardian of the minor above, I agree to the terms set forth above:

Name: \_\_\_\_\_  
(Please print)

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_