

BUSKIRK-CHUMLEY THEATER PARENTAL CONSENT FORM

Personal Information

Name of Volunteer (Minor): _____ Date of Birth: _____

Parent/Legal Guardian Name (please print): _____

Relationship to Minor: _____

Phone Number: _____

Address: _____

Agreement

I give permission for the Minor listed above to be a volunteer usher at the Buskirk-Chumley Theater, the role of which includes:

- Being committed to excellent service,
- Reporting to the position on time, dressed appropriately, and in good health,
- Accepting the guidance and direction of the house managers and other BCT staff,
- Following all of the procedures and guidelines taught during training and provided in the Volunteer Handbook.

I understand that failure to follow any of the above will result in grounds for dismissal of the volunteer.

Parent/Legal Guardian Signature: _____ Date: _____

Any questions about this form can be directed to:

Sami Marshall
Volunteer Coordinator
Buskirk-Chumley Theater
114 E Kirkwood Ave., Bloomington, IN 47408
Phone: (812) 676-3030

