

**2010 Children's Theatre Assistant Director Application Form**  
*(Please print)*

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

Legal Guardian: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Grade Entering in fall 2011: \_\_\_\_\_

I will not hold the Portage Center for the Arts staff or volunteers responsible for damage, injury or loss resulting from participation in this program. I understand this is a volunteer position. Being an assistant director I understand that this is a learning experience and the children look to me as a role model. I will act responsible and appropriate in front of the children. I understand I will be expected to be at all rehearsals and performances. By signing below my legal guardian and I agree to the above statements.

*(Please sign below)*

Student: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_

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

Please explain what experiences you have had that would make you a good assistant director:

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*Please mark which section(s) you are **available**.*

<input type="radio"/> 8:30 am - 10:00 am	<input type="radio"/> 10:30 am – 12:00 pm	<input type="radio"/> 1:00 pm- 2:30 pm	<input type="radio"/> 3:00 pm- 4:30 pm
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