

2011 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:

*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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