

Usher Agreement Letter

I, the undersigned, do hereby acknowledge that I have received, read, agree to and abide by the policies, guidelines, and procedures outlined in my volunteer usher guidebook. This includes, but is not limited to, APT's Sexual Harassment Policy. I understand that I have made a commitment to American Players Theatre, and I will fulfill my commitment to work as a volunteer usher.

I agree to follow the policies and guidelines detailed in this handbook when working at American Players Theater and willingly accept the consequences of failure to do so, which may include refusal of my services as a volunteer and dismissal from the usher program at APT.

I further acknowledge that I understand how to contact the house manager during the season.

I also willingly disclose my mailing address, email address, phone number, and name to the house manager at American Players Theatre for the explicit purposes of facilitating my role as a volunteer usher. I sign this form with the understanding that this information will remain confidential and will not be used for any purpose that is not directly related to my involvement with American Players Theatre.

NAME

ADDRESS

APT

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL (BE SURE TO NOTIFY THE HOUSE MANAGER IF YOU CHANGE YOUR EMAIL ADDRESS)

EMERGENCY CONTACT

RELATIONSHIP TO YOU

EMERGENCY CONTACT HOME PHONE

WORK PHONE

CELL PHONE

Can we add you to our substitute usher list? Please circle one: Yes No

Can we add you to the APT Ushers Google Group? Please circle one: Yes No

SIGNATURE OF VOLUNTEER USHER

DATE