

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR OUR RECORDS

1) AS A VOLUNTEER, YOU ARE NOT COVERED BY WORKER'S COMPENSATION INSURANCE.

DO YOU OR YOUR FAMILY HAVE HEALTH INSURANCE? YES NO

PERSONAL/FAMILY MEDICAL INSURANCE COMPANY _____
POLICY # _____

2) SCERA HAS PURCHASED AN INSURANCE POLICY TO COVER ALL OUR VOLUNTEERS AT THE SCERA CENTER AND SHELL OUTDOOR THEATRE AS WELL AS CAST MEMBERS OF OUR LIVE THEATRE PRODUCTIONS. **THIS COVERAGE IS PROVIDED TO THE VOLUNTEER** AND COVERS ANY ACCIDENTS WHICH MIGHT OCCUR WHILE THE VOLUNTEER IS PARTICIPATING IN ANY SCERA PROGRAM.

3) YOU, AS A VOLUNTEER, SHOULD NOT PERFORM ANY ACT WHICH YOU CONSIDER UNSAFE.

4) AS A VOLUNTEER OF SCERA, I ACKNOWLEDGE BY MY SIGNATURE THAT I AM NOT COVERED UNDER WORKER'S COMPENSATION INSURANCE. CONSEQUENTLY, IF I SUSTAIN AN INJURY WHILE ACTING WITHIN THE SCOPE OF MY DUTIES AS A VOLUNTEER, I CAN ONLY LOOK TO THE VOLUNTEER INSURANCE POLICY TO COVER ANY DAMAGES I MIGHT INCUR. FURTHERMORE, I AGREE TO HOLD SCERA HARMLESS FROM ANY DAMAGES THAT I MIGHT INCUR AS A RESULT OF INJURES I SUSTAIN WHILE ACTING AS A VOLUNTEER.

5) A VOLUNTEER IS DEFINED AS A PERSON WHO GIVES SERVICES WITHOUT ANY EXPRESS OR IMPLIED PROMISE OF COMPENSATION. THE SERVICES I PROVIDE TO SCERA ARE PROVIDED OF MY OWN FREE WILL AND I EXPECT NO REMUNERATION OR PAYMENT FROM SCERA.

VOLUNTEER SIGNATURE _____ DATE _____
(VOLUNTEERS UNDER THE AGE 18 MUST HAVE THIS SIGNED BY THEIR PARENT/LEGAL GUARDIAN)

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

OFFICE USE ONLY

Starting Date: _____ Venue: _____ Position: _____ Night: _____

Notes: _____

Ending Date: _____ Comments _____

SCERA CORPORATION 745 SOUTH STATE STREET OREM, UTAH 84058 (801) 225-ARTS

RELEASE OF INFORMATION CONSENT FORM

SCERA CORPORATION RESERVES THE RIGHT TO CONDUCT A BACKGROUND CHECK ON PROSPECTIVE VOLUNTEERS AGE 18 AND OVER. VOLUNTEER OPPORTUNITIES MAY BE CONTINGENT UPON SATISFACTORY BACKGROUND CHECKS.

BY SIGNING THIS DOCUMENT, THE APPLICANT ACKNOWLEDGES THAT A BACKGROUND CHECK MAY BE A CONDITION OF VOLUNTEER SERVICE. THE APPLICANT IS ALSO AWARE THAT HIS/HER SIGNATURE ON THIS "RELEASE OF INFORMATION CONSENT FORM" DOES NOT IN ANY WAY GUARANTEE A VOLUNTEER POSITION WITH SCERA.

APPLICANT'S SIGNATURE: _____ DATE: _____