

`CHM Bible Theatre Productions, Inc. Audition/Volunteer Form for Art & Theater Programs

Child's Name:			Parent Name:			Other:		
DOB:			Age:					
Address:								
Email:								
Cell:								
Emergency Contact:								
If parent/guardian person picking up child:								
Race/Ethnicity:								
Program(s) Area of Interest:								
Years of experience:								
Name (s) of Art/Theater Work/Talent:								
Where was it performed?								
Highest Level of Education/Diploma or Degree:								
Student?								
If yes, where?						Grade Level:		
If you are a parent/teacher are you interested in volunteering with us?								
Where have your child participated in Arts/Theater before and for how long?								
What do you hope to gain through our arts/theater organization?								
Are you/your child auditioning for a play or talent show?						Virtual and/or in person?		
Are there any food allergies or special needs regarding your child participating?								
Art/Theater classes and rehearsals will usually convene on Monday, Thursday or Saturday for our kids' plays. What days/times are you or your child available?								
Are you interested in our after-school programs? Classes will run from 3-6 pm?								
Will you permit us to use photos/videos of yourself or child if taken during performances, rehearsals, or classes for social media and other marketing purposes?								
How did you hear about us?						Referred by whom?		
Any additional information you would like to share about you/your child's expertise, creativity in the arts, acting, leadership or any of you/your child's talents you would like displayed during our programs?								
Signature _____						Date: _____		

Assigned Role _____

****Office use only****