27400 Ramona Bowl Road, Hemet, California 92544 (951) 658-3111

Ramona Production Support Adult Volunteer Application 2026

Check your volunteer committee (ONLY ONE):

Rock Indians

Costumes

Settlers

Village Children

Director's Staff

Sound/Tech

Back Stage

Traditional Spanish Dancers

Atmosphere

Spanish / Native

Make-up/Wigs

Spanish Riders

Elder Blessing

Other _____

Spanish Dancers

PLEASE CAREFULLY COMPLETE ALL INFORMATION - print clearly									
Name:									
	Street/PO Box	City	Zip						
Home Phone:	Cell Phone:		<u></u>						
Work Phone:	Email Address:								
Emergency & Medical In	<u>formation</u>								
Emergency Contact: Relationship to You:									
Emergency Ph.:	Emergency Alt. Ph.:								
Allergies (please describe any	allergies to food or drugs) or Heal	th Conditions:							
Please list all medications regu	ılarly taken (this is for emergency	purposes only)							
Name of Family Doctor:	F	Phone:							
I have received a copy of the F	Ramona Cast Rules 2023 and agre	ee to comply.							
Signature									

TERMS AND AGREEMENT

I have read and fully understand the following:

- I must be physically able to perform the duties required.
- I will attend all performances and photo session(s) as required.
- I will be responsible for my own uniform/costume as approved by the Ramona Bowl management.
- <u>NO ALCOHOLIC</u> beverage is to be consumed on the Ramona Bowl Amphitheatre property before or during the play. The Ramona Bowl Amphitheatre has **Zero Tolerance**, and you will be released from your duties or role if found to have consumed alcohol.
- NO ILLEGAL DRUGS. ZERO TOLERANCE.
- No smoking or eating will be permitted while in contact with the public.
- All volunteers will abide by all rules and regulations as set forth by the Ramona Bowl management.
- I will attend all rehearsals. Missed rehearsals must be approved by my committee head.
- I understand that I am expected to participate in all seven (7) performances of *Ramona* which includes the 4th Grade performance on April 16th, 2025. If I receive any complimentary tickets and do not work at least four performances, I understand that I will be billed for them. There are NO extra tickets for serving on more than one committee.
- I understand that I may be required to submit to background checks and fingerprinting.

I hereby consent to allow the Ramona Bowl Amphitheatre or their subsidiaries or affiliates to use for internal and external publicity the name, voice, portrait, and/or picture and any recordings of musical arrangements performed by myself during Ramona play rehearsals or performances.

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SIGNAT	URE OF APP	LICANT						
Data								
Date:			 				 	

By signing and submitting this application, you are agreeing to the policy guidelines as listed above:

RETURN THIS <u>COMPLETED</u> APPLICATION TO YOUR COMMITTEE LEADER NO LATER THAN FEBRUARY 25, 2025

Applications must be returned for your name to appear in the Souvenir Program

If you have any questions or concerns, please contact: Office (951) 658-3111 or Email: ramona@ramonabowl.com