



SUPPORT HULTCENTER OPERATIONS

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## NEW MEMBERSHIP APPLICATION FORM

SHO (Support Hult Center Operations) is a dynamic volunteer organization whose members offer their valuable time, enthusiasm and knowledge to support the Hult Center operations and its patrons.

Join SHO and you will be welcomed into a group of like-minded individuals who value the performing arts. If you are interested in becoming a member and are 18 or older, please complete this application form. You will be contacted to attend an information session to learn more.

**Membership dues are \$55 per fiscal year (July to June).** New members may join after January 1<sup>st</sup> for \$30 only (partial year). Dues will be collected at the information session if you choose to become a member.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-mail: \_\_\_\_\_

Members who enjoy interacting with the public and are available to volunteer for performances and special events 2-3 times a month may join the Usher Assist Program. **Usher Assist Volunteers must be able to:**

- Proactively welcome guests in a friendly and outgoing manner and to communicate courteously.
- Follow policies, procedures and directions provided by SHO and Hult Center.
- Stand 1-2 hours at a time.
- Climb ramps and stairs.
- Read theater tickets.
- Honor commitments regarding scheduling frequency, start time, dress code and assigned shows.
- Utilize a computer for email, SHO information, scheduling and communications.

*– For SHO Use Only –*

Completed New Membership Application Form received on (date): \_\_\_\_\_ By (name): \_\_\_\_\_

Information session completed on (date): \_\_\_\_\_ By: \_\_\_\_\_

Information Verification: ID type: \_\_\_\_\_ ID# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

In-person Training completed on (date): \_\_\_\_\_ Trainer: \_\_\_\_\_

Online Training completed on (date): \_\_\_\_\_ Certificate of Completion sent: \_\_\_\_\_

Payment received in:  CASH - Amount: \$ \_\_\_\_\_  Check#/Bank: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Check payment received by SHO Treasurer and deposited on: (date): \_\_\_\_\_ (Add to Member Roster and inform leadership.)