

Teacher Internship Application 2019

Summer Theatre Workshop: *Camp on the Coast*

June 16-29, 2019

Cost

Teacher staying on campus..... \$1100

A non-refundable **deposit** of \$400 made payable to **Texas A&M University—Corpus Christi** must accompany your application. The deadline is May 16. Payments can also be made with a credit card using our online system: <http://comptroller.tamucc.edu/marketplace/index.html> Click on the link and then on the left hand side click on the bullet point that says TAMUCC Marketplace Mall and this will take you to where you can click on the Theater Workshop: Camp on the Coast store. Up to 10 teacher interns are accepted each summer.

Deadlines

The application deadline is May 16, 2019. The remaining balance is due at registration on June 16, 2019.

Teacher Information

Please type or print clearly.

Name _____ School _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Home phone () _____ Work phone () _____

Cell phone () _____

Mail Application, Forms and Deposit to:

Kelly Russell

Department of Theatre & Dance

6300 Ocean Drive, Unit 5724

Corpus Christi, TX 78412-5724 For further information, email kelly.russell@tamucc.edu

All teacher interns must submit a volunteer waiver, a criminal background check authorization form and complete an online class for child protection training. The link to the training will be emailed to you with instructions once your registration paperwork is received.

Return all paperwork to Kelly Russell at the address above.



THE TEXAS A&M UNIVERSITY SYSTEM

AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

I, _____, age ____, desire to participate voluntarily in all activities of the _____ (“Activity”), which is sponsored or conducted by or under the auspices of _____ (“Sponsor”), a member of The Texas A&M University System. **I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others.** I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” and/or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

NO INSURANCE:

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. **As such, I am aware that I should review my personal insurance coverage.** Sponsor does not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, **I hereby give my consent for any medical treatment, rescue or evacuation services that may be required** (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. **I, for myself, my heirs, personal representatives or assigns,** agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. **I, for myself, my heirs, personal representatives or assigns,** further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and

expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. **For students going on field trips, foreign travel or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this _____ day of _____, 20__.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

(If Participant is under 18 years old)

Participant Emergency Contact Information:
Participant Name: Click to enter name
Address: Click to enter address
Phone: Click to enter number
UIN or Drivers License #
Student Fac/Staff Dependent General Public
Emergency Contact Name: Click to enter name
Address: Click to enter address
Phone: Click to enter number
Alternate Phone: Click to enter number
Relationship to Participant: Click to enter

VOLUNTEER WAIVER

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



INSTRUCTIONS

The Department/College must provide each volunteer with a Volunteer Waiver form and a Criminal Background Check form. This form and copies of identification can be delivered to Human Resources USC 126 or faxed to 825 - 5871 or emailed to hrhirepack@tamucc.edu.

TO BE COMPLETED BY VOLUNTEER

VOLUNTEER NAME (Last, First Middle)	PHONE NUMBER	EMAIL
DEPARTMENT UTILIZING SERVICES	DATE VOLUNTEER SERVICE BEGINS	ENDING DATE OF SERVICE

I certify that I am offering my services to the Texas A&M University Corpus Christi on a volunteer basis. I further understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am (check one):

Not employed by the State of Texas, Texas A&M University Corpus Christi or any other public entity, and I am performing the proposed volunteer work for civic, charitable or humanitarian reasons.

I am an employee of the State of Texas, Texas A&M University Corpus Christi. The proposed volunteer work is in a different occupational capacity from that in which I am employed, and I am performing the volunteer work for civic, charitable or humanitarian reasons.

SIGNATURES

(1) _____
Signature of Volunteer

Date

(2) _____
Signature of Witness

Date

All volunteers must complete a CRIMINAL BACKGROUND CHECK AUTHORIZATION form. Any volunteer who may be responsible for handling cash must also complete the VOLUNTEER NON-DISCLOSURE AGREEMENT FOR VOLUNTEERS HANDLING CASH form.

CRIMINAL BACKGROUND CHECK AUTHORIZATION

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.



An Equal Opportunity/Affirmative Action Employer

Texas A&M University-Corpus Christi does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Texas A&M University-Corpus Christi.

TO BE COMPLETED BY APPLICANT OR EMPLOYEE

NAME AS IT APPEARS ON SOCIAL SECURITY CARD (First Middle Last)			UIN / SOCIAL SECURITY NUMBER	
Former names used, including Maiden Name				
RESIDENCE ADDRESS (Number and Street)		CITY	STATE	ZIP
EMAIL ADDRESS		TELEPHONE NUMBER		
RACE	GENDER	DATE OF BIRTH	DRIVER LICENSE NUMBER & ISSUING STATE	

APPLICANTS	JOB TITLE OF POSITION I AM APPLYING FOR
VOLUNTEERS and CONTRACTORS	PROGRAM _____ DEPARTMENT _____

RESIDENCY INFORMATION **List all places of residence since the age of 18. Attach extra pages if needed.**

CITY	STATE	COUNTY	COUNTRY
CITY	STATE	COUNTY	COUNTRY

CONVICTION RECORD - Attach additional pages as necessary

- Have you ever been convicted or pled guilty before a court for any federal, state or municipal criminal offense? Yes No
- Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? Yes No
- Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? Yes No
- Have you ever received probation or community supervision for any federal, state or municipal offense? Yes No
- Have you been convicted of any criminal offense in a country outside the jurisdiction of the U.S.? Yes No
- As of the date of this consent form, do you have any pending charges against you? Yes No

If you answered yes to any of the questions above, provide details below. Attach extra pages if needed.

STATE	COUNTY	DATE OF OFFENSE	DETAILS

ACKNOWLEDGEMENT AND CONSENT

I acknowledge that a facsimile or copy of this document shall have the same validity, force and effect as the original. System Regulation 33.99.14 addresses the operation of criminal history background checks within the A&M System, including appeal procedures. The Texas A&M University System regulations require that an employee must report to his/her supervisor any criminal arrests, criminal charges, or criminal convictions, excluding misdemeanor traffic offenses punishable only by fine, within 24 hours or at the earliest possible opportunity. Failure to report shall constitute grounds for disciplinary action, up to and including termination. The employee's supervisor must report the arrest(s), criminal charge(s), or conviction(s) to both the head of the department/unit and the Human Resources Office. If you have questions, please contact Human Resources at (361) 825-2627.

I hereby certify that all information provided by me on this form is true, complete, and correct. I understand that any false statements made herein may void my application for employment, be grounds for termination of my current employment and affect my eligibility for future Texas A&M University-Corpus Christi employment.

Signature of Applicant / Employee / Volunteer

Date



**VOLUNTEER NON-DISCLOSURE AGREEMENT
TO BE FILLED OUT BY VOLUNTEERS HANDLING CASH**

The undersigned volunteer hereby agrees and acknowledges:

1. That during the course of my volunteer work there may be disclosed to me confidential information, including but not limited to personal and confidential information, documents, credit card information, etc.
2. That I shall not during, or at any time after the termination of my volunteer work with Texas A&M University-Corpus Christi, use for myself, my business or others, or disclose or divulge to others including future volunteers, any such confidential information, documents, credit card information, etc.
3. That in the event my volunteer duties require me to handle cash and/or credit card information, that I will complete training required by Texas A&M University-Corpus Christi, including, but not limited to, PCI Security Standards, Cash Handling, etc.
4. That I have never been convicted of a felony.
5. That upon the termination of my volunteer efforts with Texas A&M University-Corpus Christi:
 - a. I shall return to the Texas A&M University-Corpus Christi all documents, credit card information, and property or, as directed by the Texas A&M University-Corpus Christi employee I am reporting to, destroy copies of documents, credit card information, and confidential information. I further agree that I shall not retain any copies, notes or abstracts of aforementioned documents or confidential information.
 - b. Texas A&M University-Corpus Christi may notify anyone of the existence of this agreement, and shall be entitled to full injunctive relief for any breach.

Volunteer Signature

Printed Name

Date Signed

Section to be completed by Sponsoring Department:

Name of Event

Sponsoring Department

Date(s) Volunteer Work will be performed

Texas A&M University-Corpus Christi Responsible Party Signature

Texas A&M University-Corpus Christi Responsible Party
Printed Name and Title

Original document and proof of completed required training must be maintained on file in the Volunteer's Sponsoring Department.