

CAST Board of Directors Application Form – 2021

If you have questions, please call Commonwealth Artists Student Theatre at 859-545-0770 or email at info@caststages.org APPLICATION DEADLINE: Friday, September 17, 2021 NAME (Please Print or Type) FMAII MAILING ADDRESS CELL PHONE (Reachable during regular business hours) CITY STATE 7IP SCHOOL ATTENDING **GRADE LEVEL** I understand that I must be enrolled in high school or a GED equivalent program to apply for the high school board position. SIGNATURE DATE OF BIRTH HOW DID YOU HEAR ABOUT THE HIGH SCHOOL BOARD POSITION? - mark all that apply teacher recommendation website/social media friend/CAST participant other (specify) **AVAILABILITY** Do you have any conflicts with the board meetings on the third Tuesday of every month at 7pm? No ____Yes, please specify: _____ ____No ____Yes Are you available to serve from October through August 2022? Would you commit to attending all CAST sponsored events ___No ___Yes as a representative of the board? THE HIGH SCHOOL BOARD POSITION The Board Position is for current high school students looking for an introduction to arts administration, non-profit board governance, or theatre production. This program provides direct interaction with and access to Commonwealth Artists Student Theatre. APPLICATION REQUIREMENTS: Completed application form and parental consent A professional work résumé that lists: education and training, work history, theatre/arts experience, and computer skills 2 references (name, title, organization, email and phone number) 1 written recommendation (cannot be one of the references)

INTERVIEWS will be conducted with qualified applicants between September 20 and October 1 and take place via Zoom, Facetime or in person.	
PARENTAL CONSENT	
The undersigned does hereby give permission for our	(my) child,
, to at (name of child)	ttend and participate in all activities
sponsored by Commonwealth Artists Student Theatre 31, 2022.	e (CAST) from the time October 4, 2021 through August
-We (I) have provided contact information below and -I understand that CAST's Board of Directors is protect same benefits will be extended to my childI understand that my child will not be asked to pay be advertisersAny information that my student is privilege to will reconfidentiality will result in termination from the board.	ted by Directors and Officers Insurance and that these oard dues or to solicit potential sponsors or emain confidential and any breach of that
Name (please print)	
Signature	 Date
Parent's Mobile Phone	

PLEASE MAIL COMPLETED APPLICATION FORM & ALL REQUIRED MATERIALS TO: Commonwealth Artists Student Theatre, ATTN: H.S. Board Position, 187 Pavilion Pkwy, Ste. 199, Newport, KY 41071

Phone Number

Phone Number

Emergency Contact Name #1

Emergency Contact Name #2

OR EMAIL COMPLETED APPLICATION FORM & ALL REQUIRED MATERIALS TO:

info@caststages.org