



SAN FRANCISCO  
OPERA GUILD

## VOLUNTEER OPPORTUNITIES

- Help at outdoor public events, social events, and fundraisers
- Help during our award-winning educational programs
- Help with administrative projects in the office, such as mailings
- Help in the Opera Shop during performances and outdoor events
- Help serve refreshments backstage to artists

## VOLUNTEER APPLICATION

Are you passionate about the arts and looking for an opportunity to support San Francisco's arts community?

Donate your valuable time and skills to San Francisco Opera Guild and reap rewards like an annual reception honoring our volunteers, invitations to dress rehearsals, and discounts in the Opera Shop.

### HOW TO APPLY

1. Complete the following Volunteer Application
2. Mail it to:  
San Francisco Opera Guild  
War Memorial Opera House  
301 Van Ness Avenue  
San Francisco, CA 94102  
Or, email it to [sfoguild@sfoopera.com](mailto:sfoguild@sfoopera.com)
3. To learn more, contact San Francisco Opera Guild at (415) 565-6433 or [sfoguild@sfoopera.com](mailto:sfoguild@sfoopera.com).

To learn about becoming a volunteer usher during performances, email [Ushers@SFOpera.com](mailto:Ushers@SFOpera.com)

## VOLUNTEER INFORMATION

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Do you have a medical or physical condition that would prohibit you from performing certain duties? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER STATISTICAL INFO.

The following information helps us in our recruitment efforts. Completion of this section is voluntary and all information contained is confidential.

How would you describe yourself? (Check all that apply)

- Euro-American
- African American
- Hispanic/Latino
- Asian/Pacific Islander
- Filipino
- American Indian or Alaska Native
- Other: \_\_\_\_\_

What is your age? (Circle one)

- 18-20   21-40   41-60   61+

What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)

\_\_\_\_\_

To which gender identity do you most identify?

\_\_\_\_\_

## VOLUNTEER AVAILABILITY

Our volunteer opportunities are very popular and positions fill up very quickly. All positions are subject to availability.

I can volunteer: \_\_\_ Days \_\_\_ Nights \_\_\_ Weekends

How many hours per week can you volunteer? \_\_\_\_\_

## VOLUNTEER OPPORTUNITIES

\_\_\_\_\_ Opera Shop: Working before and after performances and during intermission helping patrons, running cash register, etc.

\_\_\_\_\_ Coffee Service: Prepare/serve performers and back-stage crew during performances/rehearsals

\_\_\_\_\_ General Office: Receptionist, Clerical, Phone, Copying, Filing, Data Entry, Typing etc.

\_\_\_\_\_ Mailings: Stuffing and labeling of mailings

\_\_\_\_\_ Fundraising Events:

- San Francisco Opera in the Park
- Opera Ball / Opening Night
- Holiday Event / Stage Dinner
- Spring Gala / Fashion Show
- Luncheons

Available event positions

- Set-up    Check-in    Greeting
- Coat Check    Auction Recorder

Please list any work or volunteer experience you would like to share that might make you a good fit for our volunteer opportunities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER CODE OF CONDUCT

As a volunteer, I will:

1. Represent the organization with professionalism, dignity and pride, and be responsible for conducting myself with courtesy and appropriate behavior.
2. Follow through and complete accepted tasks.
3. Seek training for my volunteer role by participating in meetings, self-study, or other training opportunities.
4. Display respect and courtesy for employees, other volunteers, program participants, visitors, clients and property.
5. Respect the privacy of persons served by the organization and hold in confidence sensitive, private and personal information.
6. Keep staff informed of progress, concerns and problems within the program(s) in which I participate.
7. Keep personal opinions and actions separate from those made as a representative of this organization.
8. Avoid conduct, both on and off duty, which would jeopardize program effectiveness.

And, as a volunteer, I will not:

1. Use vulgar or inappropriate language.
2. Solicit gratuities, gifts or bequests for personal or professional benefit.
3. Use or be under the influence of illegal drugs while volunteering.
4. Consume or be under the influence of alcohol or consume tobacco while volunteering.
5. Discriminate on the basis of race, color, religion, sex, age, national origin, marital status or disability, and/or sexual orientation.

## INSURANCE INFORMATION

San Francisco Opera (the "Opera") strives to provide a safe and healthy environment for all volunteers and is concerned about your health and safety while volunteering your services for activities and events at the Opera. For your benefit, the Opera provides an Accident and Health Policy as a secondary policy to your own Medical Plan for accidents and injuries that may be attributed to your service with the Opera. The Opera's Accident and Health Policy is not intended to be a replacement or substitution for your own personal Medical Plan.

The Opera's Policy may act as a primary plan if you do not have a Medical plan of your own. You may request a summary of the Policy and the proper steps to take in case of an accident or illness associated with your service at the Opera. Other than as may be provided by applicable insurance, the undersigned understands and agrees that the Opera will not be responsible in the case of an accident or illness associated with your service. Please read this information carefully and then sign below acknowledging your receipt and understanding of this information. Please return this signed acknowledgment form to the Volunteer Coordinator and keep a copy for your own reference.

\_\_\_\_ I understand that I am responsible for maintaining my own personal Medical insurance and that the volunteer Accident and Health Policy provided by San Francisco Opera Association is a secondary policy to my own Primary Medical Plan. I understand that all medical bills must be submitted to my Primary carrier prior to consideration by the San Francisco Opera's Accident and Health Policy. Except as coverage may be furnished by insurance, I understand that San Francisco Opera Association and San Francisco Opera Guild are not liable for any accident or illness associated with my services to San Francisco Opera.

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

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_