

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:

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

Signature: _____



SAN FRANCISCO
OPERA GUILD

San Francisco Opera Guild

War Memorial Opera House
301 Van Ness Avenue
San Francisco, CA 94102
Phone: 415.565.3204
Fax: 415.565.3254



Volunteer Application

War Memorial Opera House
301 Van Ness Avenue
San Francisco, CA 94102

Phone: 415.565.3204

VOLUNTEER INFORMATION

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

CELL PHONE: _____

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

VOLUNTEER STATISTICAL INFORMATION

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

- Male
 Female
 Euro-American
 African American
 Hispanic/Latino
 Asian/Pacific Islander
 Filipino
 American Indian or Alaska Native
 Other
 Self Identified Disability
 Retiree
 Age (circle one): 16-21; 21-40; 41-60; over 61
 Education (circle one): some High School, High School, College, Advanced Degree

VOLUNTEER OPPORTUNITIES

*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? _____

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

___ **Tours:** all docents must complete the training course

___ **Coffee Service:** Prepare/serve performers and back-stage crew during performances/rehearsals

___ **General Office:** (please circle all your interests)

Receptionist, Clerical, Phone, Copying, Filing, Data Entry, Typing: ___ wpm, Calligraphy

___ **Mailings:** Stuffing and labeling of mailings

___ **Fundraising Events:**

- ___ San Francisco Opera in the Park (fall)
___ Holiday Event (winter)
___ Spring Gala/Fashion Show (early spring)

Available event positions

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

INSURANCE INFORMATION

San Francisco Opera is concerned about your health and safety while volunteering your services for activities and events at San Francisco Opera. San Francisco Opera works to provide a safe and healthy environment for all employees as well as volunteers.

For your benefit, we provide an insurance policy as a secondary policy to your own Medical plan for accidents and injuries that may be attributed to your service with San Francisco Opera. This plan may act as a primary plan if you do not have a Medical plan of your own. You may request a summary of this plan and the proper steps to take in case of an accident or illness associated with your service at San Francisco Opera. Other than as may be provided by applicable insurance, the undersigned understands and agrees that the San Francisco 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 insurance provided by San Francisco Opera Association is a secondary policy to my own Primary plan. I understand that all medical bills must be filed with my Primary carrier prior to consideration by the Volunteer plan. 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: _____