**Apprenticeship Program Summer 2017**

Weathervane Playhouse has a tradition in training young artists in the areas of backstage or technical theatre. This training is a hands-on experience with growing professionals in the business. This tradition has become known as the Weathervane Playhouse Apprentice Program.

The apprentice program is an unpaid educational adventure that is an invaluable experience in learning the business of theatre, the mechanics of putting on a production, honing and learning new skills and observing professionals in their craft. A fully hands-on learning experience, that is cultivated in real-job application. Many of our apprentices have gone on to have very successful careers in theatre, film and other areas.

Weathervane Apprentices are encouraged to participate in the tech process, strikes/ turnover. They will also receive a complimentary ticket to all 2017 Weathervane Playhouse productions, and may participate in a complimentary WYART workshop or production during the summer season.

You must be 14 years or over to apply.

Application Deadline: April 25, 2017

For more information about the 2017 Weathervane Playhouse Summer Series please visit:

[www.weathervanplayhouse.org](http://www.weathervanplayhouse.org)

**The 2017 Summer Apprenticeship Program has the following openings:**

**Costumes**

**Costume Apprentice (3 positions)** Apprentices will work hours in the costume shop and assist during the ‘build’ of the show. They will learn and assist with basic sewing skills, learn how to take measurements, pull from stock, proper costume maintenance, laundry techniques and material care, and will be influenced by the creative efforts of the Costume Designer & Assistant Costume designer and their process. Apprentices are also tasked with handling final preparations of a production and act as dressers for productions.

All Costume Apprentices must be able to work at least 1 run crew over the course of the summer.

**Lighting**

**Lighting Apprentice** (2 positions)

* will learn basic skills as relates to the area of lighting and lighting design, assist with lighting hang & focus, and assist with running the lighting board during performances. Lighting apprentices may also have the oppportunity to test out their honed skills working with the WYART programs as needed throughout the summer.

ALL Lighting apprentices must be comfortable with ladders and must be able to work Strikes.

**Properties**

**Properties Apprentice** (1 position)**-** will begin to learn how to analyze a script for props, do research for props to assure quality and appropriateness, as well as be open to learning how to make and engineer properties as needed. An open mind and creative energy are crucial to this position. Properties apprentice must also be able and willing to be on run crew for all performances

All properties apprentices must be comfortable working out doors, and with learning how to properly use tools.

**Stage Management**

**Stage Management Apprentices** (2 positions)

All stage management apprentices will observe and be a part of the ins and out of a rehearsal process, assist with paperwork and organization of show tracking, and properties tracking. Apprentice must have great attention to details and be a self starter.  This position will require running crew hours. Apprentices may also be asked to step into the role of stage manager for a Wyart production.

**Administrative**

**Administrative Apprentice** will learn the basics and understanding of facility management, marketing, box office assistance, ushering and assisting the administrative team with Wyart programming needs.

**Educational**

**Educational Apprentices (2 positions)** Our educational apprentices will assist the summer WYART classes by being an assistant teacher for workshops. Assistant teacher duties may include but are not limited to : assisting with leading lesson plans, assisting with classroom maintenance, assisting with technical aspects of workshop such as stage management, properties, scenic painting etc. As an educational apprentice you may be asked to lead classes, or to act as a stage manager, props master or at times an assistant director!

If you would like to be involved at weathervane but do not want to commit to an apprentice position at this time please send your contact information, resume or brief explanation of your background and your interests in working with Weathervane to [pm@weathervaneplayhouse.org](mailto:pm@weathervaneplayhouse.org).

**Student Registration & Emergency Medical Information**

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| Student Name: | | Please list in order of preference:  \_\_\_\_ Costume Apprentice  \_\_\_\_ Lighting Apprentice  \_\_\_\_ Properties Apprentice  \_\_\_\_ Stage Management Apprentice  \_\_\_\_ Theatre Education Apprentice  \_\_\_\_ Theatre Administration Apprentice | |
| Full Street or Mailing Address: | |
| Age: | Birthdate: | Please Circle One:  M F | Grade & GPA: |
| Parent/Guardian : | | People allowed to pick up student: | |
| Cell #: | | Home #: | |
| Email: | | Other: | |
| Best way to contact you (Please Circle one): Email Cell # Home # Other: | | | |
| Consent/Release of Liability (To Be Completed By the Parent/Guardian) | | | |
| Please Circle One:  Yes No | I understand that pictures/video will be taken which may be used for educational and/or marketing purposes. | | |
| Please Circle One:  Yes No | I release the Weathervane Playhouse/WYART, its volunteers and affiliates from liability for personal injury and property loss/damage incurred at any WYART event, activity or experience. | | |
| Required Signature (To be completed by STUDENT & PARENT/GUARDIAN) | | | |
| I certify that the information provided in this application to the best of my knowledge is correct. I understand that deliberately providing false information and/or failure to comply will result in a forfeiture of all fees paid and dismissal from the WYART program. | | | |
| Student Signature: | | | Date: |
| Parent/Guardian Signature: | | | Date: |

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| Wyart Student & Parent Agreement | | | | |
| WYART offers students a performing arts community where qualified professionals serve as mentors. With an emphasis on creativity, collaboration, and personal excellence, we provide hands-on opportunities for students to grow as artists and as human beings.  Our goal is to challenge each student to exceed his or her own expectations. To take risks. To be bold. To be silly and dramatic. To have fun! We ask that parents support and guide their children and ensure they are present, prepared, and prompt every day. Parents should actively support their student in valuing his or her own ideas and foster collaboration rather than competition. | | | | |
| Student Pledge | | | | |
| I, I understand that this apprenticeship is a step towards my professional development. I promise to do my best in every task I am given. I promise to communicate with my department supervisor if I have any concerns, feel uncomfortable with a task, or would like to learn or do more.  I also pledge to participate in all WYART workshop activities. I pledge to respect myself, other people and the theatre. I pledge to support creativity and commit to learning. I pledge to be prepared and have FUN!  Each student needs to come with a positive attitude and a generous spirit. I pledge to attend class or notify the instructor of an emergency. I will bring my materials and study the notes I have been previously given, and will come in prepared to the next scheduled work hours.  Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Parent Pledge | | | | |
| I, the parent/guardian of the student named above, promise to assist my child in keeping his or her pledge.  Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| Emergency Contact Information | | | | |
| LAST NAME | FIRST NAME | | DATE OF BIRTH | |
| PERSONS TO CONTACT IN CASE OF AN EMERGENCY | | | | |
| NAME | RELATIONSHIP TO STUDENT | PHONE # 1 | | PHONE # 2 |
| NAME | RELATIONSHIP TO STUDENT | PHONE # 1 | | PHONE # 2 |

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| Medical Release of Information & Consent - *REQUIRED* |
| Medication Dispensing Information / WAIVER and RELEASE OF CLAIMS  *(Please READ Carefully)* In the event of a medical emergency involving the above named participant, if reasonable attempts to contact one of the above listed individuals is unsuccessful, I give my consent for (1) the administration of any treatment deemed necessary by  Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(preferred physician) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number) or  Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (preferred dentist) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone number) or in the event the preferred medical professional is not available by another licensed medical professional and (2) the transfer of the above named participant to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(preferred hospital) or the nearest emergency medical location.  My child may self-administer medication? YES NO  Please list all medication that will be brought to workshop/productions and the proper administration guidelines: |
| List all medical conditions or allergies |
| I hereby acknowledge that any mediation sent with my child will comply with the above information. I do hereby fully release Weathervane Playhouse and its affiliates, officers, agents, volunteers and employees from any and all claims from injury, damages and losses I or my child may have arise out of, are connected with, incidental to, or in any way associated with the administering/dispensing of medication or self-administrated medication.  I understand that insurance coverage for accidents or illness while participating in any event with Weathervane Playhouse is my responsibility.  Insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  or Medicare Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or Medicaid Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ |