

CHICAGO PUBLIC LIBRARY



CURTAIN CALL

For Teen Actors Ages 14-18

Here's your chance to become a Reader's Theatre actor
at the Chicago Public Library while earning community service learning hours!

WHAT IS READER'S THEATRE?

- ◆ Bringing your favorite teen books to life through dramatic readings of poignant excerpts using voice, facial expressions and hand gestures
- ◆ Original programming performed by teen volunteers for other teens and adults to introduce a variety of literature from the new teen collections at the Chicago Public Library
- ◆ Flexible and adaptable entertainment that showcases both teen performers and new and classic teen collections at the Chicago Public Library

WHAT DO TEEN VOLUNTEERS DO?

- ◆ Attend rehearsals, which consist of theatre games led by Promethean Theatre Ensemble, practicing scripts for performance and helping revise, review and suggest new adaptations
- ◆ Perform scripts aloud for teen audiences at branch libraries throughout the city
- ◆ Earn community volunteer service learning hours

COMMITMENT:

- ◆ Teen volunteers must attend one rehearsal a month at the Harold Washington Library Center.
- ◆ Troupe members will travel by bus from Harold Washington Library Center to perform at Chicago Public Library branch locations (performances will be scheduled once a month).
- ◆ Please contact Robin Willard, Young Adult Specialist by calling (312) 747-4780 or sending an email to teenvolume@chipublib.org, to find out when the next rehearsal will be held.

YOU SHOULD JOIN THE READER'S THEATRE TROUPE IF:

- ◆ You love books and libraries and are excited about promoting them
- ◆ You are 14-18 years old and in high school
- ◆ You are interested in acting and performing for an audience
- ◆ You are committed to attending performances and rehearsals

We are always looking for new Reader's Theatre Troupe members! Contact us today or find more information by going to our website chicagopubliblibrary.org and clicking the "For Teens" tab.



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**THE CHICAGO PUBLIC LIBRARY
CHILDREN AND YOUNG ADULT SERVICES
READER'S THEATRE VOLUNTEER APPLICATION**

Name _____ Female ____ Male ____
Last First Middle

Address _____
Street City State Zip Code

High School _____ Grade _____

Home Phone _____ Email Address _____

Cell Phone _____

For Statistical Purposes Only:

Emergency Contact:

Birthdate ____/____/_____
Current Age _____
Ethnic Origin:
American Indian ____ Hispanic ____
Asian ____ White ____
Black ____ Other ____

Name _____
Relationship _____
Address _____
Phone _____
Cell Phone _____

Note: This volunteer opportunity involves a once a month rehearsal commitment as well as a monthly performance commitment. All rehearsals are held within the Chicago Public Library Harold Washington Library Center, located at 400 South State Street.

How often do you read for pleasure? What are you reading for fun now?

What is your local Chicago Public Library branch and how often do you visit it? Do you use your high school library?

Please describe your related extracurricular activities. (Are you a member of a Theatre/Drama Club? Do you read young adult literature? Do you attend plays?)

Please briefly describe your previous acting experience (if any):

Reader's Theatre rehearsals are held on Saturdays, generally from 10:30 a.m. – 1:00 p.m. once a month and performances are scheduled once a month in the evenings,* generally from 4:30-7:30 p.m. Are you able to commit to attend monthly rehearsals and performances? Please list any conflicts you might have.

*Performances are generally scheduled Wednesday and Thursday evenings, though there are some special day-time programs on occasion or schedule changes due to special guest authors.

PARENTAL APPROVAL

The following information should be completed by the parent or guardian of the teen.

Parent/Guardian Name _____ Title: Mr. Mrs. Ms.
Last First

Address _____
Street City State Zip Code

Day Phone _____ Evening Phone _____

Cell Phone: _____ Email Address _____

I approve _____ (daughter's/son's name) application to serve on the Chicago Public Library Reader's Theatre Troupe, for which he/she will be offered community service learning hours (pending school approval). I understand that serving as a Troupe volunteer will require him/her to commit to the Reader's Theatre Project at least twice a month. Rehearsals will take place at the Harold Washington Library Center, located at 400 S. State Street, and programs will take place at this library as well as off-site. I understand that parental approval will be requested and necessary via permission slips for every program scheduled off-site.

Signature: _____ Date: _____

Completed applications must be returned to:

Robin Willard, Young Adult Specialist, Chicago Public Library
Harold Washington Library Center
400 South State Street, 10-S
Chicago, Illinois 60605
rwillard@chipublib.org

(Please note that the application may be scanned and emailed to Robin from any Chicago Public Library branch. Thank you!)

CHICAGO PUBLIC LIBRARY

THE CHICAGO PUBLIC LIBRARY VOLUNTEER SERVICES

Parent Consent for Children Under 18 Years of Age

_____, give permission for my

(Parent/Guardian's Name)

son/daughter to volunteer for the Chicago Public Library's *Teen Volume Reader's Theatre Project*.

I understand this is at least a year-long commitment for which my son/daughter must attend bi-monthly gatherings for which he/she will either be rehearsing performances at the Harold Washington Library Center (400 South State Street) or taking a bus to and from the Harold Washington Library Center to perform for teens and adults at various Chicago Public Library branches.

_____ may volunteer for a maximum of

(Child's Name)

fifteen (15) hours per week. I will not hold the Chicago Public Library or the Chicago Public Library Foundation responsible for any accident occurred on or en route to any library premises during volunteer service hours with the Reader's Theatre Project. I understand that my son/daughter will not be insured.

Signature:

Parent/Guardian's Name

Date

Revised October 2005

RY380: 32

FM 118



City of Chicago
Richard M. Daley
Mayor



Please call for
accommodations:
312.747.4252 (Voice)
312.747.4066 (TTY)

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VIDEO AND PHOTO RELEASE AUTHORIZATION FORM

I _____ (TEEN), hereby authorize the Chicago Public Library and the City of Chicago to take, use or publish photographs and video recordings with/without restrictions, if any as noted herewith:

_____.

I release the library, its governing body, appointees, officers, agents, servants, employees from all responsibility in connection with the foregoing release of photographs and video recordings and any publicity which might ensue.

I confirm that I have read and fully understand the above and that all blank spaces were completed prior to signing.

DATE: _____

SIGNATURE: _____

GUARDIAN/RELATIVE (if under 18):* _____

WITNESS: _____

*If the individual whose photograph is being taken is an unemancipated minor under the age of 18, a relative or guardian must sign this photo release.



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