

CAM-PLEX HERITAGE CENTER

Ambassador Application

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMAIL: _____ BIRTHDAY: _____

What time are you available to work? A.M. P.M. BOTH

Please list any time conflicts (summers, weekends, etc.): _____

How would you like to receive your monthly newsletter?

Regular Mail Email

Additional events or projects of interest to you:

Work events not held in the Heritage Center (i.e. Wyoming Center)

Work national events (i.e. Rodeo, RV Rallies, PGI)

Bake goodies for hospitality boxes

DATE: _____ SIGNATURE: _____

Return application to Leigh at:
leigh@cam-plex.com
CAM- PLEX HERITAGE CENTER
1635 Reata Drive, Gillette, WY 82718
307-682-0552 · 307-682-8802



Ambassador Duty Preference Sheet

In order to better serve our Ambassadors, we ask that you fill out this sheet to identify which duties interest you as well as duties you are not comfortable working. **We want to make sure you enjoy your time with us!**

NAME: _____

Ticket Taker: YES NO

This position is responsible for tearing off a portion of the event ticket. Ticket Takers stay at their post for at least 15 minutes after the show begins to accommodate late arrivals. This position also counts the torn ticket stubs and reports their final count to the Front of House person. Ticket Takers also help with concession during intermission if there is one.

Door Usher: YES NO

This position hands out programs, helps patrons find their seats for assigned seating events, open and close the doors when the house is opened and once the show has begun. Ushers need to stay at their position for at least 15 minutes after the show has started in order to help late arrivals. Door Ushers are asked to be seated at the back of the theater during events in order to help patrons (show them the cry room, answer questions, etc.). If there is an intermission one person needs to stay at the door to monitor patrons coming back into the theater to make sure they are not taking in food or drink. The other person helps at the concession stand if needed or helps to monitor doors if not.

Handicapped Door Usher: YES NO

This position will be stationed at a handicapped door (East or West) and will assist those patrons who need help accessing the wheelchair, companion, and oversized seating areas. Handicapped Door Ushers will also monitor the handicapped and companion seating areas to ensure that only handicapped patrons and their family members are seated in that area.

Balcony Door Usher: YES NO

Similar to Door Ushers, this position hands out programs, helps patrons find their seats in the balcony at assigned seating events, open and close the balcony doors when the house is opened and once the show has begun. Ushers need to stay at their position for at least 15 minutes after the show has started in order to help late arrivals. Balcony Door Ushers are asked to be seated near the door of the balcony during events in order to help patrons (show them the cry room, answer questions, etc.). If there is an intermission one person needs to stay at each balcony door to monitor patrons coming back into the theater to make sure they are not taking in food or drink. The other person helps at the concession stand if needed or helps to monitor the balcony doors if not.

Concession Helper: YES NO

This position helps run the concession stand before the show starts and at intermission. One to two people are assigned to help before the show and all other positions are asked to help at intermission. Approximately six people are need to help out during intermission.

PLEASE NOTE: All ambassadors help fold and stuff programs before the show (when applicable) and also will assist in clean up at the conclusion of the show.

Emergency Contact and Medical Release Form

For Ambassadors under 18 years of age

I hereby authorize the CAM-PLEX staff in charge of my child, _____, to obtain all the necessary medical care for my child in the event I cannot be reached to authorize it myself. I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatment to my child.

DATED _____ of _____

Child's Name *(required)*

Guardian Signature *(required)*

Guardian Contact Phone Number

Address

IN CASE OF EMERGENCY:

Contact Person / Relation *(required)*

Contact Telephone Number *(required)*

Doctor's Name

Doctor's Telephone Number

Medical Insurance Carrier
Contact # for Carrier

Policy Number

Known Allergies

Known Medical Conditions

Current Prescription Medications