A Choir of Diverse Harmony 1111 Harvard Avenue Seattle, WA 98122 A 501(c)(3) organization



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New Member Application for Adults and Youth 18+

General	Information
General	mornation

Your Name:				
	First	Last		
Address:				
	Street	City	State	ZIP
Cell phone:	()	Alternate phone: ()		
E-mail:		Social Media:		
Pronouns:		Birth date:	Your age today:	
Do you have	school/work commit	ments that might prevent you from a	ttending week	dy rehearsals?
f you play ai	ny instruments, what	are they? How long have you played?	?	

As a Member of the Diverse Voices Choir

I agree to appear in public performance with the Choir. I will read the accompanying **Diverse Harmony Anti-Harassment Policy, Procedures and Reporting Requirements** and, if I am 18 years of age or older, acknowledge receiving and reading them. Since I am 18 years of age or older, I understand Diverse Harmony must complete a Washington State Patrol Background Check and I will provide the necessary information for completion. I also understand that I can be dismissed from the Choir for any reason by the Artistic Director.

All choir members must be fully vaccinated and boosted for Covid 19. Attach a copy of your Covid 19 vaccination card.

By signing this form, I agree to follow the expectations listed here and to meet the expectations required for all members of the Diverse Voices Choir.

- 1. Choir members agree to follow instructions given by Artistic Director and Choir staff.
- 2. Choir members will always behave in a way that is respectful to self and others.

3. There will be no use of any illegal substances (including prescription drugs not specifically prescribed to the user) by any member. This applies to the consumption of alcohol by any Choir member under the legal age of 21 and to any member of legal drinking age while rehearsing or representing the Choir either privately or publicly.

4. There will be no use of tobacco or marijuana by any Choir member while rehearsing, on Choir business or presenting publicly.

5. Choir members must attend all scheduled events, rehearsals and performances as specified by the Artistic Director. Punctuality and preparedness are not only practical, but they are also a form of respect. Be on time.

6. If a Choir member is going to miss a rehearsal, performance or other scheduled event, it is that member's responsibility to notify the Artistic Director.

7. Choir members are expected to dress appropriately. Any questions or disputes on appropriateness are determined in the sole discretion of the Artistic Director.

8. I hereby grant permission for Diverse Harmony and the Choir to use my unrestricted image including the display, distribution, publication, transmission or other use of photographs, electronic images, audio recordings and/or video recordings taken of me for use in materials on the Diverse Harmony website and other internet locations. I agree that these images and recordings may be used for a variety of purposes and that these images and recordings may be used without further notifying me. I also understand that my last name will not be used in conjunction with any audio or video recordings or digital images.

9. No Choir member shall engage in behavior that will endanger others or themselves. If someone around you is behaving in an unsafe way, leave and inform the Artistic Director, Choir staff, parents and/or chaperones immediately.

10. Any suspected case of sexual misconduct should be reported to the Artistic Director, Choir staff, a volunteer or chaperone immediately. Contact with appropriate investigative authorities and agencies will be initiated immediately. See Diverse Harmony's Anti-Harassment Policy, Procedures and Reporting Requirements.

I have read the expectations stated above and agree to follow them while being a member of the Choir. I understand that if I do not follow any of these expectations, I will be ineligible to perform and may be asked to leave the Choir.

Your name printed: _____ Date: _____ Your signature: _____ Date: _____

Background Checks Required if 18 or older

Washington State Patrol Background Check Information: If the singer is at least 18 years old, a criminal background check is required. Please complete this information.

Current Legal Name

Current Name(s) You Use

Other Names Used (including nicknames, prior legal, former married, or maiden names)

I hereby consent to Diverse Harmony conducting this background check. Your signature: ______ Date:____

Acknowledgement of Diverse Harmony's Anti-Harassment Policy, Procedures and Reporting Requirements

Diverse Harmony expressly prohibits in its choirs any form of unlawful harassment of employees, volunteers, independent contractors, Board members and choir members based on race, color, national origin, gender, sexual orientation, age, disability, gender expression or other protected classes. "Harassment" includes unwelcome, annoying or offensive conduct directed at any person, such as threats, demands, requests, pursuit, teasing, abuse, taunts, insults, heckling or other similar action. The details about the Policy, Procedures and Reporting Requirements are contained in an accompanying document.

I hereby acknowledge that I am 18 years of age or older and affirm that I read them and consent to follow them.

Your name printed: ______ Date: _____ Your signature: ______ Date: ______

Medical Information

Please note that the information on this page is for emergency medical purposes only. The questions you answer cover important information that a doctor may need to know to provide proper care for you in an emergency. Any information you provide will be kept strictly confidential and will be disclosed only in an emergency and only for the purposes of obtaining emergency medical treatment. Your Name: _____ _____ First Last Are you currently under a doctor's care for any medical condition? If yes, please describe briefly. List any allergies _____ List any medications that you take currently (including supplements, herbal remedies or over-the-counter ones) Primary Care Physician's name:______ Phone number: ______ Medical Insurance Company: _____ Medical Insurance Card and/or Group Number: Provide the name and cell phone information for up to two people that we may contact in an emergency: Name: Name: Cell phone: Cell phone:

I hereby authorize an adult representative of Diverse Harmony to give consent for all emergency medical, surgical and/or dental treatment prescribed by a duly licensed physician or dentist for me in a medical emergency.

Your name printed: ______ Date: _____ Date: _____

Attach a copy of your Covid-19 vaccination card.