



The Providence Performing Arts Center's Teen Ambassador Participation Guide

Table of Contents

Handbook	2-3
Application	4-6
Recommendation Form.....	7
Media Release Form.....	8
Media Release Form in Spanish.....	9



The Providence Performing Arts Center's 2024-2025 Teen Ambassador Program

Overview

The Providence Performing Arts Center's Teen Ambassador Program is an opportunity for high school students to learn about different non-performance careers in theatre and become innovative leaders in the arts. PPAC Teen Ambassadors will have hands-on learning experiences through volunteering at our center. PPAC encourages all 10th, 11th, and 12th grade students to apply, regardless of their theatre background.

Components of the Program

Monthly Meetings - All PPAC Teen Ambassadors will attend meetings and classes with theatre professionals. The meetings are held on the dates listed below from 6:00 PM – 8:00 PM.

Monday, November 4 th , 2024 <i>Orientation</i> A parent or legal guardian must attend, unless the applicant is 18 years of age or older
Monday, December 2 nd , 2024
Monday, January 6 th , 2025
Monday, February 3 rd , 2025
Monday, March 3 rd , 2025
Monday, April 7 th , 2025
Monday, May 5 th , 2025
Monday, June 9 th , 2025 <i>End of the Year Celebration</i>

10 Volunteer Hours - PPAC Teen Ambassadors will volunteer at PPAC to learn more about theatre administration and live events. Every Teen Ambassador will complete at least ten (10) hours of volunteering.

Writing Content - Students will be selected to see shows at PPAC and produce their own marketing for the show. PPAC Teen Ambassadors will write thoughtful reviews, create original social media content, and film collaborative videos. Their creations may be posted to the PPAC Teen Ambassador Instagram or on our Teen Ambassador website to share with the public.



Applicant Requirements

- Must be a high school student in 10th, 11th or 12th grade.
- Must maintain a B (3.0) average unweighted.
- Must have access to their own personal (not school) email address.
- Must respond to any program-related emails within a designated time frame (usually 24-36 hours).
- Must have parent's permission, unless applicant is 18 years of age or older.
- Must be able to attend monthly meetings and up to two (2) activities per month between November 2024 to May 2025.
 - If selected to become a Teen Ambassador and you miss more than two (2) meetings or scheduled events, you may be removed from the program.

Applicant Checklist

- Submit a completed application form. A parent or legal guardian must sign for any student under the age of 18.
- Submit a signed Media Release form.
- Submit a recommendation form from a person who is not your parent or legal guardian (i.e., a teacher, school counselor, principal, employer, clergy, etc.).
- Submit a copy of your 23/24 end of school year report card.

We must receive everything by Wednesday, October 9th, 2024 @ 5 PM for your application to be considered complete. Email or mail your application form and materials to:

Grace Madeya – Outreach & Engagement Associate
220 Weybosset St.
Providence, RI 02903
gmadeya@ppacri.org
401-421-2997 Ext. 3253

We will notify all applicants of their acceptance into the program by Friday, October 18th, 2024.



4. How do you stay up to date with current Broadway and/or local theatre shows? If you do not, how would you start?

5. What's your favorite advertisement that you have seen for a live performance or a movie? Why did it stand out to you?

6. What's the #1 way you communicate with your friends? How can everyone better communicate with our peers?

7. What are your plans for after high school? What career do you aspire to have?

8. Please mark which area you would like to learn more about during the program.

Education

Marketing

Philanthropy/Development

Human Resources

Production

Creative

Sales

Events

Engineering

Information Technology

Front of House



9. If you could be any character from a musical, play, or book, who would you be and why?

10. Do you have other commitments that might conflict with your participation in this program? If yes, please list them here.

11. Please attach a short, typed essay (300 words maximum) explaining why you feel you would be a valuable member of the PPAC Teen Ambassador Program.

By signing this application, you recognize and acknowledge the commitment of this program and will prioritize attending presentations, completing reviews, and volunteering, while keeping up with your studies.

Signature of Participant

Signature of Parent/Guardian of minor participant
(If under the age of 18)



Teen Ambassador Recommendation Form

Applicant's Name _____

School _____

Individual Completing Recommendation _____

To Be Completed by Individual Recommending the Applicant

Thank you for taking the time to recommend this applicant for the Providence Performing Arts Center Teen Ambassador Program. We highly value your responses and will hold your comments in confidence. Please email this completed form to gmadeya@ppacri.org.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Please place a check in the column that most clearly represents your opinion of the applicant.

	Superior	Good	Average	Poor	Not Observed
Time management skills					
Participation in group discussions					
Reliability					
Ability to work with others					
Creativity					

Strongly Recommend
 Recommend
 Recommend with Reservations
 Do Not Recommend

Please write three (3) sentences on why we should or should not accept this applicant for the Teen Ambassador Program.

Signature _____ Date _____



Media Release Form

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY

Knowing that participation in the PPAC Teen Ambassador Program entails risks, such as but not limited to, sickness and/or injury, and in consideration being permitted to participate in the program, I hereby release the Providence Performing Arts Center and any of its subsidiaries, affiliates, employees, agents, independent contractors, members, trustees, directors and/or officers ("Releasees") from any and all costs, claims, injury, illness or liability resulting from my participation (or that of my minor child listed below) in the Program ("Claims"). Program activities include, but are not limited to, any activities in which my child may participate such as classes in singing, acting, dancing, physical comedy, stage craft, staging, theatrical mask work, warm-up exercises, breaks and/or any other activities in any way related to or a part of the Program. I grant the PPAC staff permission to contact emergency services and authorize treatment should I (or that of my minor child listed below) become injured and I am unable to provide direct authorization for services and I hereby release the Releasees from any Claims related to such contact or authorization.

MEDICAL INFORMATION & FOOD ALLERGIES

Please list any medical conditions that may affect your participation, as well as any food allergies:

MEDIA RELEASE

Participants are sometimes photographed and videotaped for use in PPAC promotional and educational materials. I authorize PPAC to record the image and voice of myself (or that of my minor child listed below) and grant PPAC and all persons or entities acting pursuant to PPAC's permission or authority, all rights to use of these recorded images and voices. I understand such images and/or voices will be used for educational, advertising, and promotional purposes in all conventional and electronic media. I also authorize such use of any printed materials in connection therewith. I understand and agree that these images and recorded voices may be duplicated, distributed with or without change, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Print participant's name

Signature of Participant

Signature of Participant's Guardian (if under the age of 18)

Date: _____



Comunicado de Prensa

ASUNCIÓN DE RIESGO Y LIBERACIÓN DE RESPONSABILIDAD

Sabiendo que la participación en el PPAC Teen Ambassador Program conlleva riesgos, tales como, entre otros, enfermedades y / o lesiones, y considerando que mi hijo (a) puede participar en el Programa, por la presente libero el programa Providence Performing Centro de Artes y cualquiera de sus subsidiarias, afiliadas, empleados, agentes, contratistas independientes, miembros, fideicomisarios, directores y / o funcionarios ("Exenciones") de todos los costos, reclamos, lesiones, enfermedades o responsabilidades resultantes de la participación de mi hijo en el Programa ("Reclamaciones"). Las actividades del programa incluyen, pero no se limitan a, cualquier actividad en la que mi hijo pueda participar, como clases de canto, actuación, baile, comedia física, artes escénicas, escenificación, trabajo de máscara teatral, ejercicios de calentamiento, descansos y / o cualesquiera otras actividades de cualquier manera relacionadas con o una parte del Programa. Damos al personal PPAC permiso para ponerse en contacto con los servicios de emergencia y autorizar el tratamiento para mi hijo/a y soy incapaz de proporcionar la autorización directa de los servicios y exonero de cualquier reclamación con dicha autorización.

INFORMACIÓN MÉDICA Y ALERGIAS ALIMENTARIAS

Enumere cualquier condición médica que pueda afectar la participación de su hijo/a, así como cualquier alergia a alimentos y medicamentos:

COMUNICADO DE MEDIOS

En ocasiones, los participantes son fotografiados y grabados en video para su uso en los materiales promocionales y educativos de PPAC. Autorizo a PPAC a grabar la imagen y la voz de mi hijo nombrado y concedo a PPAC y a todas las personas o entidades que actúen de conformidad con el permiso o autoridad de PPAC, todos los derechos de uso de estas imágenes y voces grabadas. Entiendo que dichas imágenes y / o voces se utilizarán con fines educativos, publicitarios y promocionales en todos los medios convencionales y electrónicos. También autorizo el uso de cualquier material impreso en relación con el mismo. Entiendo y acepto que estas imágenes y voces grabadas pueden duplicarse, distribuirse con o sin cambios y / o alterarse de cualquier forma o manera sin futuras o futuras compensaciones o responsabilidades, a perpetuidad.

Escriba el nombre del participante:

Firma del participante:

Firma del padre / tutor:

Fecha: _____