

NAME (<i>family/surname</i>):	FIRST:	MIDDLE:
ADDRESS:	CITY:	

Paste your photo here

A recent full-length photo is required

Application For Covenant Cast/Crew Member

This information is for internal reference only, and will remain confidential

PLEASE PRINT CLEARLY

APPLICATION PACKAGE MUST CONTAIN ALL 5 PAGES!

TOUR OF INTEREST: Toronto, Ontario Canada

PROV:		POST CODE:	COUNTRY:
TELEPHONE (day):		TELEPHONE (evening):	
FAX NUMBER:		EMAIL ADDRESS:	
MALE:	FEMALE:	MARITAL STATUS:	BIRTH DATE: DD/MM/YY
PASSPORT NUMBER:		EXPIRY DATE:	NATIONALITY:
HEALTH CONDITION: (<i>please list any long term illness, physical handicap or disabilities</i>)			
ARE YOU CURRENTLY TAKING MEDICATIONS? IF YES PLEASE LIST BELOW: (<i>be sure to bring an ample supply</i>)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:		RELATIONSHIP:	
ADDRESS:	TELEPHONE (day):	TELEPHONE (evening):	
PLEASE SUPPLY THE NAMES OF TWO PEOPLE WHO CAN SUPPLY A REFERENCE FOR YOU:			
1. YOUR PASTOR			
NAME:		EMAIL:	
2. SOMEONE WHO HAS WORKED WITH YOU IN PREVIOUS PRODUCTIONS			
NAME:		EMAIL:	

ALL APPLICANTS: Ask your pastor to complete the attached evaluation, and return it to our office.

MARK THE CATEGORY (IES) APPLIED FOR:	
<input type="checkbox"/> Cast	<input type="checkbox"/> Stage Construction
<input type="checkbox"/> Dancer/Cast	<input type="checkbox"/> Properties
<input type="checkbox"/> Costumes/Makeup	<input type="checkbox"/> Hospitality/Childcare
<input type="checkbox"/> Technical	<input type="checkbox"/> Stage Management

CAST APPLICANTS (if necessary please use a separate sheet):

ACADEMIC OR PROFESSIONAL TRAINING IN DANCE/DRAMA OR VOICE:		
Type/Style	Where and with Whom	Dates
A:		
B:		

Discuss briefly the past use of your performance or technical gift (e.g. when and how you began; what kind of settings in which you have worked and any special experiences or significant fruit from these labors). Use a separate sheet and attach to this form.

IF WE ARE UNABLE TO PLACE YOU AS A MEMBER OF THE CAST, ARE YOU WILLING TO SERVE IN ANOTHER CAPACITY BACKSTAGE?
<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Your application cannot be processed by the Selection Committee unless accompanied by the following:**

- a. A recent full-length photograph
- b. A video tape or DVD (NTSC or PAL) (*for dancers only*)
- c. Your completed costume measurement form. (see attached)

CREW APPLICANTS (please use a separate sheet and attach to this form):

Please briefly list examples of your past experience and/or training.

I have read and agree to all the terms and conditions listed on the enclosed information sheets.

SIGNED: _____ **DATE:** _____

Please mail, fax or email your **completed 5 page application form**, and the **appropriate attachments** to:
Donna Holbrook, ICEJ Canada, 20 Bloor Street East, Box 75149, TORONTO, ON M4W 3T3
Tel: 416-324- 9133 Toll Free:1-866-324-9133 Fax:416-324-9290
email: covenant@icejcanada.org
Websites: www.icej.org and www.icejcanada.org

ALL APPLICATIONS WILL BE SENT TO ICEJ CANADA AS ABOVE.
SELECTIONS FOR THE TORONTO CAST WILL BE PROCESSED BY:
ICEJ Music Department, PO Box 1192, Jerusalem 91010, Israel



THE COVENANT

Talent Release Form

Talent Name: _____

Project Title: **“The Covenant”**

I hereby consent for value received and without further consideration or compensation to the use (full or in part) of all video footage taken of me and/or photographs taken of me and/or recordings made of my voice and/or written extraction, in whole or in part, of such recordings or musical performance

at _____ on _____ (date of performance/s)

by Chuck King for the International Christian Embassy Jerusalem for the purposes of illustration, broadcast, or distribution in any manner.

I agree that the International Christian Embassy Jerusalem cannot be held responsible for any accidents or injuries which may occur during the production of this musical.

Talent's signature _____

Address _____ City _____

Province _____ Postal Code _____

Country _____

Phone # _____ Email _____

Date: ____/____/____

Costume Measurements for "The Covenant"
Please complete immediately and return with your application

Name:	
Address:	
Phone:	Email:

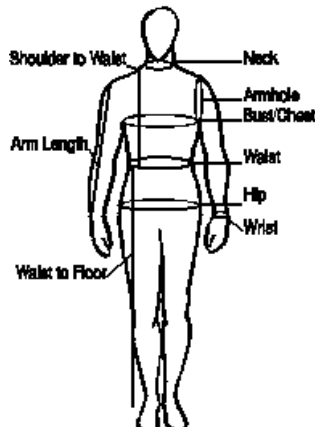
WOMEN	MEASUREMENT INCHES OR CENTIMETRES		MEN	MEASUREMENT INCHES OR CENTIMETRES
Bust			Chest	
Waist			Waist	
Hips			Hips	
Arm Length			Arm Length	
Shoulder to Waist			Shoulder to Waist	
Waist to Floor (barefoot)			Waist to Floor (barefoot)	
Wrist			Wrist	
Head size			Head size	

MEDICAL INSURANCE COMPANY:	INSURANCE POLICY NUMBER:	INSURANCE EMERGENCY 24-HOUR TELEPHONE NUMBER:	
PERSON TO CONTACT IN CASE OF EMERGENCY:	RELATIONSHIP:	TELEPHONE:	

I HEREBY CONFIRM THAT THE ABOVE MEDICAL INSURANCE COVERS ME FOR ANY MEDICAL EMERGENCY THAT MAY ARISE WHILE PARTICIPATING AS A CAST/CREW MEMBER OF "THE COVENANT" .

Signed _____ **Date:** _____

Diagram For Measurements



Dear Pastor:

_____ has applied to serve as a volunteer cast/crew member in our touring production of *The Covenant*. Could you please take a few moments and help us by completing the brief evaluation below, and returning to us under separate cover to the following address:

International Christian Embassy Jerusalem
P.O. Box 1192
Jerusalem 91010 ISRAEL

ATTN: Music Department

Thank you,

Chuck King
Music Director, ICEJ

	Not at all					Consistentl				
	1	2	3	4	5	1	2	3	4	5
1. Demonstrates a committed lifestyle of Christian faith										
2. Demonstrates emotional and mental stability										
3. Works well with others										
4. Is committed to the ministry of the Local Body										
5. Is in good physical health										
6. Understands authority and responds well to leadership										
7. Demonstrates ability in the area for which they are applying										
8. Is careful concerning issues of personal hygiene and appearance										
9. Responds to demanding work situations with patience and enthusiasm										
10. Exemplifies diligence and personal initiative in directed areas of responsibility										
Would you recommend this person for a short term volunteer position with our organization?										

Additional comments:

Signed: _____

Name: _____

THE COVENANT

INSURANCE FULL MEDICAL INSURANCE COVERING YOUR PARTICIPATION IN "THE COVENANT"

While we fully expect the Lord to protect us during this year's Covenant Tours, we are obligated to be good stewards of resources entrusted to us.

Therefore, in order to participate in "The Covenant", each cast/crew member is **required** to show proof of full-medical hospitalization insurance coverage with an international insurance carrier. Said coverage is to include catastrophic and minor medical expenses for a period covering: 24 hours prior to a tour member's committed start date through, and including 24 hours following tour end. This required insurance may be purchased through a travel agency, however, should you have a pre-existing medical condition, it will necessitate acquiring coverage with a specialist insurance company.

NOTE:

Full medical insurance must not be confused with Travel Insurance, which covers only your flight, luggage, possessions, etc.

NAME (as on Passport):	PASSPORT NUMBER:	PASSPORT COUNTRY:	DATE OF BIRTH:
MEDICAL INSURANCE COMPANY:	INSURANCE POLICY NUMBER:		INSURANCE EMERGENCY 24-HOUR TELEPHONE NUMBER:
PERSON TO CONTACT IN CASE OF EMERGENCY:	RELATIONSHIP:	TELEPHONE:	

I HEREBY CONFIRM THAT THE ABOVE MEDICAL INSURANCE COVERS ME FOR ANY MEDICAL EMERGENCY THAT MAY ARISE WHILE PARTICIPATING AS A CAST/CREW MEMBER OF "THE COVENANT".

Signed _____ Date: _____