

# NEW CAST APPLICANT

## 2025 CAST REGISTRATION QUESTIONNAIRE

(Please complete front and back of form)

**STATEMENT OF PURPOSE:** At The Great Passion Play, we are privileged to present the last week in the life of Christ, His death on the cross, resurrection, and ascension. Although non-denominational, we encourage each cast member to establish a personal relationship with Jesus Christ as Lord and Savior. Our purpose is to portray the hope of a living and risen Savior to all who view this: The Greatest Story Ever Told. We trust that this will be your purpose as well.

NAME: \_\_\_\_\_

Current Employer or School if a Student: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Address: \_\_\_\_\_  
(Include City and State)

Work Phone: \_\_\_\_\_

1. Why are you interested in being in the Play and what do you expect from your participation in the Play? \_\_\_\_\_  
\_\_\_\_\_

2. Have you had prior experience in religious drama or other drama? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List any special talents or hobbies: \_\_\_\_\_  
\_\_\_\_\_

4. What roles are you interested in this season?

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

5. List any play nights you cannot attend: \_\_\_\_\_

6. Have you read our purpose at the top of this page? \_\_\_\_\_

7. If under 16, who is your sponsor? (A sponsor must be an Adult Cast Member)  
\_\_\_\_\_

8. Please list names of all other family members applying for the cast (list last names if different from your name):

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COMMENTS: \_\_\_\_\_

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FOR INTERVIEWER USE ONLY:

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### The Great Passion Play Photographic Release

Please sign and date the photo release below. (Your signature is required in order to be considered for employment as a cast member of The Great Passion Play for the 2025 season. If applicant is under the age of 16, a parent or guardian must sign).

For due consideration, receipt of which I acknowledge, I hereby grant The Great Passion Play, its successors and assigns, the absolute right and permission to copyright, publish and display all photographs and or videos taken at the site of The Great Passion Play in which I appear in whole or in part, in person or in character, or reproductions thereof in color or other wise, made through any media for publicity, advertising, trade, editorial or any other lawful purpose whatever.

I here by waive any right that I may have to inspect and/or approve the finished product or the editorial layout or the advertising or program copy that may be used in connection therewith, or the use of which it may be applied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Note: The Great Passion Play is an at-will employer. This means that The Great Passion Play or you, as an employee, may terminate the employment relationship at any time. Employment may be terminated for any lawful reason with the understanding that neither has an obligation to base that decision on anything but his or her intent not to continue the employment relationship. No policies, comments, or writings made herein or during the employment process will be construed in anyway to waive this provision.**

2025



**Applicant's Information Sheet**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date (If under 18): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Here through November 8<sup>th</sup>? \_\_\_\_\_ If not, when do you leave? \_\_\_\_\_

Been in the Great Passion Play cast before? \_\_\_\_\_

If so, when? \_\_\_\_\_ Parts played? \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

References:

(1.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Reference's Phone Number: \_\_\_\_\_

(2.) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Reference's Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that by applying to be an employee at The Great Passion Play  
(first name)

I am only applying for a seasonal job from April 18<sup>th</sup>, 2025 through November 8<sup>th</sup>, 2025.

Applicant's Signature: \_\_\_\_\_