



**Thank for your interest in the SAG Foundation Don LaFontaine Voice-Over Lab.**

Usage of the Lab and its many services, including workshops and seminars, is restricted to those applicants who have been confirmed for access after completing the Lab's Usage Application. Once you fill out, sign and return the application, it will be processed. Within approximately ten business days, you will receive an email confirmation from us, as well as additional important information including guidelines for using the Lab.

**Please return the completed 2-page application one of the following ways:**

They may be **emailed** to:

[vol@sagfoundation.org](mailto:vol@sagfoundation.org)

**Mailed to:**

The SAG Foundation  
C/O The Don LaFontaine Voice-Over Lab  
5757 Wilshire Blvd. Ste. 124  
Los Angeles, CA 90036

Or they may be **faxed** to:

(323) 549-6710 (No cover letter is needed.)

Please note that "drop-offs" will not be accepted.

For more information about the Lab, please visit [www.sagfoundation.org](http://www.sagfoundation.org) or contact Michael Woodley at (323) 549-6853 or [michael.woodley@sag.org](mailto:michael.woodley@sag.org).

**We'll see you at the Lab!**

THE SCREEN  ACTORS GUILD  
**FOUNDATION**  
ASSISTING, EDUCATING AND INSPIRING ACTORS SINCE 1985.

**USAGE APPLICATION**

**THE DON LAFONTAINE VOICE-OVER LAB**

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

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**ARE YOU A MEMBER IN GOOD STANDING OF ANY OF THESE PERFORMER UNIONS?**

(Please circle all that apply and include your member number in the space provided)

SAG AFTRA AEA NOT A MEMBER OF ANY UNION

\*SAG #: \_\_\_\_\_ \*AFTRA #: \_\_\_\_\_ \*AEA #: \_\_\_\_\_

In order to best evaluate what program or type of instruction might best suit you, please answer the following questions **honestly**. If you have no experience in voice-overs at all, that is okay, we just need accurate information in order to properly target our programs to your particular needs and desires.

I have no experience but am very interested in voice-overs.

I have some experience but have never worked professionally.

I have some experience but have only occasionally worked professionally

I have a lot of experience, and have worked a lot professionally, but not full time.

I am a full time voice-over artist who works a lot.

If so, do you have a home studio? Yes  No

Are you under the age of 18? Yes  No

Do you live in Los Angeles? Yes  No

Do you have a demo of your voice available? Yes  No

If you do not have a demo, are you interested in creating one? Yes  No



What areas of voice-over are you interested in learning more about?

(Please check all that apply)

- Promos  Trailers  Narration (long form)  Audio Books  
 Animation  ADR  Commercials  Video Games  Radio Imaging  
 Industrials  Infomercials

Other \_\_\_\_\_

Availability:

Morning: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Evening: \_\_\_\_\_

Regarding the Lab's facility itself, what do you hope to make use of and are most interested in?

(Please check all that apply)

- Classes, Demonstrations and Lectures  
 Recording tracks on my own  
 Recording tracks with an engineer  
 Working on group voice-over sessions – either workshop or workout.  
 Gatherings of the voice-over community to share and network  
 Participate in Think Tank/Focus Groups relating to voice-overs

If you wish to use the solo booth on your own, you are required to take a Voice-Over Lab Orientation in order to show your proficiency. Once your application has been processed, you may sign-up for the Orientation directly on the SAG Foundation's website if you are a union member. Non-union actors may sign-up by sending an email to [vol@sagfoundation.org](mailto:vol@sagfoundation.org). The title of the Orientation is "Recording Audio for Voice-Over". You must understand that completion of the Orientation is a pre-requisite to being able to use the equipment on your own and that you must demonstrate proficiency before being allowed to work in the Lab by yourself.

In order to protect the equipment and make sure that all who use it respect the facility, the Lab has certain rules and guidelines you will be asked to follow. Failure to respect these guidelines might result in restriction or termination of your Lab privileges.

By signing this document, I agree with the conditions stated above.

---

Signature

Print Name

Date

In a few sentences, please tell us what being part of the Don LaFontaine Voice-over Lab would mean to you and what you hope to get from it.