



HAUNTED ATTRACTION

2017- VOLUNTEER APPLICATION

First Name: _____ **Last:** _____

Gender: _____ Age: _____ School You Attend: _____

Address: _____ City: _____ Post Code: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact: Name: _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

ANY HEALTH ISSUES WE SHOULD BE AWARE OF:

Volunteer Positions:

___ Actor ___ Prop & Set Building ___ Take Down ___ Tickets & Admission

HAUNT DATES – OCTOBER 2017

* Please note that volunteers are required to be at the Haunt by 6 pm AND MAY BE ASKED TO STAY UP TO 1 HOUR PAST CLOSING TIME – if customers are still on line at closing time.

* We are asking all actors to volunteer a minimum of 3 consecutive nights . The hours of operation are: 7 to 10 pm nightly.

* **Prize incentive program will be in place for those committing to 3-6-9 or all 11 nights.**

Please indicate which dates you will be able to volunteer. We will do our best to accommodate you, but cannot guarantee you will be given all the dates you request.

✓ **Dates Available** X **Dates Not Available**

DAY	Hours	DATE		DAY	Hours	DATE			
WEEK 1									
Friday		13							
Saturday		14							
Sunday		15							
				WEEK 3					
WEEK 2				Monday	CLOSED	23	XX		
Monday	CLOSED	16	XX	Tuesday	CLOSED	24	XX		
Tuesday	CLOSED	17	XX	Wednesday	CLOSED	25	XX		
Wednesday	CLOSED	18	XX	Thursday	CLOSED	26	XX		
Thursday	CLOSED	19	XX	Friday		27			
Friday		20		Saturday		28			
Saturday		21		Sunday		29			
Sunday		22		Monday		30			
				Tuesday		31			

AGREEMENT WITH MISSION ARTS COUNCIL:

1. I understand and agree that submitting this application does not automatically register me as a volunteer for the MAC Haunt, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin.
2. I agree to follow the rules and safety procedures set forth by the Mission Arts Council and agree that infraction of the rules may result in my dismissal from the project.
3. I consent to my photo or video image being used now and in the future for promotional purposes in print or on the internet by the Mission Arts Council.
4. (Please check one)
 I am 18 years or older and I will supply Mission Arts Council with a Criminal Records Check. Or:
 I am under the age of 18 and I have my parents' written consent to participate, as attached.

I attest that the information I have provided on this form is true and accurate and that if I am of legal age my acceptance may be subject to a criminal record check.

Signature _____ Date _____

Parent Consent: * If applicant is under 18 *
Please read Dates & Hours of Operation before signing

I _____, give permission for my child, _____

To participate in the 2016 MAC Haunt. I understand that:

- Performances will be in the evenings on weekends and school nights;
- That my child will be required to be at the Haunt for their performance by 6 pm;
- That some nights my child may be required to stay for up to 1 hour after posted closing time;
- That transportation to and from the Haunt are the responsibility of the performer;
- That my child will be required to attend rehearsals that may be up to 2 hours long prior to the opening of the HAUNT;
- My child's photo or video image may be used now and in future for promotional purposes in print or on the internet by the Mission Arts Council or by the consent of the Mission Arts Council to third parties.

AND I attest that I have read this form thoroughly and consent to conditions herein, including the times and dates my child has volunteered to participate.

Signed: _____ Date: _____