



Volunteer Form

First Name _____

Last Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

I am interested in volunteering for the following types of activities:

- ☐ Scare Actor/Actress
- ☐ Technicians/Haunt Security
- ☐ Room Decorators
- ☐ Makeup / Costumes
- ☐ Marketing/Social Media
- ☐ Other: _____

Availability

During which hours are you available for volunteer assignments?

____ ***Tech Building Time***

____ Mondays ____ Tuesdays ____ Wednesdays ____ Thursdays ____ Fridays

____ Weekends

Specific Times? _____

____ ***Final Build Week***

____ Monday ____ Tuesday

Specific Times? _____



Volunteer Form

___ ***Haunt Open Wed Oct 22nd.***

___ Thurs October 23rd ___ Fri October 24th ___ Saturday October 25th

___ Sun October 26th (Noon til 4p) ___ Sun October 26th (6p to 10p)

~ Wednesday Thru Saturday is 6p to 10p or last group through.

~ Sunday is two sessions: 12pm to 4p or last group through.

___ Thursday October 30th ___ HALLOWEEN ___ Saturday November 1st

~ Halloween 6p to 11p or last group through.

~ Saturday is 6p to 11p or last group through.

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, previous Haunt experience, or through other activities, including hobbies, theater, etc.

For Actors

If you're wanting to be an Actor, do you have your own Costume? ~YES~ ~NO~

Makeup? ~YES~ ~NO~ Can you apply your own makeup? ~YES~ ~NO~



Volunteer Form

Person to Notify in Case of Emergency

Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____ Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. Return this form via email (please scan) to: scare@deadwhispershaunt.com or regular mail to: Bill Carroll Foundation C/O Volunteer Coordinator 43 Town and Country Drive, #119-80 Fredericksburg, VA 22405. You will be supporting Musicians, Children & Adults as well as Veterans with disabilities through our Music Foundation. www.BillCarrollFoundation.org. For more info on Dead Whispers, please visit www.DareToScare.com.

