



# House of Shadows Volunteer Application & Registration



## Volunteer Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Home/ Cell (circle one) Email \_\_\_\_\_

## Area of Interest

\_\_\_ Construction/Room Design \_\_\_ Creature/Character Actor \_\_\_ Make-up/Costumes \_\_\_ Concessions \_\_\_ Tickets  
\_\_\_ Audio/Sound \_\_\_ Usher Guests into House \_\_\_ Logistics \_\_\_ Volunteer Coordinator

## Statistical Information *(needed for grant reporting & BGC of America reporting requirements)*

Gender: \_\_\_\_\_ Age: \_\_\_ 13 Years or Younger \_\_\_ 14-17 \_\_\_ Over 18

*Note: Any applicant under the age of 15 must have a parent/legal guardian working with minor or have made arrangements with House of Shadows staff members.*

Ethnicity: \_\_\_\_\_ If you are a student, what school do you attend? \_\_\_\_\_ Grade Level \_\_\_\_\_

Are you eligible for free or reduced lunch? \_\_\_ yes \_\_\_ no

## Medical Release

In the event of emergency, I understand emergency medical personal will be called. \_\_\_\_\_ (volunteer initial here)

Please list any medications you are currently taking, any medical conditions or allergies that Emergency personnel should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

Please complete information on 2 people we can contact in the event of an emergency. **(Mandatory for those under 18)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Understanding & Authorization

I certify that all the information on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information. I agree that while considering my application, you may inquire to verify information considering my background. I authorize you to investigate all statements in this application & attachments. I further agree to release and hold harmless the Boys & Girls Club of Sparta, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing information to you.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If 17 years old or younger, print parent's name here: \_\_\_\_\_ Parent Phone \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

LIABILITY WAIVER / INDEMNITY AGREEMENT

LIABILITY WAIVER

By signing below, I am volunteering to participate in House of Shadows related activities (collectively, "Activity"). I am forever waiving and releasing all claims [except claims of reckless or intentional conduct] I may now or later have against House of Shadows (Boys & Girls Club of Sparta).

I acknowledge, agree, and represent that I understand the nature of the event and that I am qualified, in good health, and in proper physical and emotional condition to participate in such activities. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, or if I am unfit for any component of Activity participation, I will immediately discontinue volunteering/participating in the Activity.

*I have been given an opportunity to raise concerns and/or limitations I may have and to discuss alternative arrangements that may allow me to participate in this activity in a way that will adequately address such concerns and/or limitations.*

I fully understand that: (a) The Activity involves risks and dangers of serious bodily, psychological, emotional and other injuries. (b) These risks and dangers may be caused by my own actions, inactions, negligence, conditions related to travel or the conditions in which the activity takes place, or the negligence of the Releasees named below; and (c) there may be other risks or social and economic losses either not known to me or not readily foreseeable at this time; and

I am aware this activity may involve simulated confinement in a room(s), mentally and/or intense situations that may cause stress. Physical activity may include but is not limited to: standing for long period, bending, reaching, lifting, limited vision, variations of lighting, feelings of pressure, enclosed space, constraints, exposure to laser lights, and so forth. These items are not an exhaustive list of all exposures that may occur in the Activity; and

*I have been given an opportunity to raise concerns and/or limitations I may have and to discuss alternative arrangements that may allow me to participate in this activity in a way that will adequately address such concerns and/or limitations.*

I fully accept and assume all such risks [except claims of reckless or intentional conduct], known and unknown, and all responsibility for losses, costs, and damages I incur as result of my participation, or that of the Minor named below, in the Activity, including travel to, from and during Activity.

INDEMNITY AGREEMENT

I, and each of my heirs, personal representative(s), guardian(s), conservator(s), agent(s), successor(s) and assignee(s), agree to hold harmless, indemnify and covenant not to sue, and hereby release and discharge, house of shadows (Boys & Girls club of Sparta), its administrators, directors, managers, agents, successors and assigns, in their official and individual capacities, and owners and lessors of the premises on which the Activity is conducted (each of the forgoing shall be considered one of the "Releasees" herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the activity, including the negligence of the releasees or otherwise [except claims of reckless or intentional conduct].

I have read the above, considered its effects, understand the content, and agree, on behalf of myself and/or child/ward, to terms as stated above. This agreement specifically contains an indemnity agreement whereby I agree to reimburse the releasees against any damages (including attorney fees/costs) incurred because of any lawsuit, claim, or action brought by myself, my child/ward, or any other party, related in any way to me or my child's/ward's use of the House of Shadows (Boys & Girls Club of Sparta). I further understand no person has permission to use the House of Shadows (Boys & Girls Club of Sparta) facility without an effective and validly signed Liability Waiver.

Applicant's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

I understand that I am voluntarily giving up my and/or my child's/ward's rights to bring a lawsuit or claim against the above mentioned releasees. I further understand and accept the above risks related to these activities.

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

USE OF PHOTOGRAPHY RELEASE

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I additionally permit House of Shadows (Boys & Girls Club of Sparta) to photograph or videotape my participation in the activity, including sound and video recording (collectively, "Recordings"). I give House of Shadows (Boys & Girls Club of Sparta) all rights to market, publish, reproduce, in all media, and otherwise use the recordings without seeking specific additional permission.

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

WARRANTY OF INSURANCE AND INDEMNIFICATION

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I represent, warrant, and certify that I have medical or other insurance to cover and pay for any possible injury that may occur to myself in the event of injury while volunteering at House of Shadows (Boys & Girls Club of Sparta)

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

**If under 18 years of age, parent must sign below.**

Authorization for participation by a minor aged child:

I hereby authorize my child to participate in all phases of implementation of the House of Shadows (Boys & Girls Club of Sparta) this season.

By signing this form, I understand and authorize the following:

- My child/ren must be respectful and act accordingly or they may be asked to leave.
- I will provide the necessary transportation or make arrangements for transportation for my child/ren at the end of the night.
- There may be periods of time that my child/ren will not be directly supervised.
- Your child has offered to volunteer and you are authorizing your child to help our attraction.
- Photos of the attraction may be taken and used. Those photos may contain your child.
- Our attraction may not be readily available by phone to answer questions about their presence or role of your child with the attraction.
- Your child will be asked to dress in costume to play a role within the attraction. We do not yet know, what this role may be.

I understand that I am voluntarily giving up the right to bring lawsuit or claim against the above-mentioned Released Parties. I further understand and accept the above risks related to these activities. I have had sufficient opportunity to read this entire Agreement. I understand the agreement and I agree to be bound by its terms. I have viewed and understand the House of Shadow's Code of Safety Conduct and Rules (separate document).

Printed Parent Name \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Required for all Volunteers**

Our emphasis is on providing wholesome activities supervised by adults of high moral character. Because the risk, no matter how remote, is unacceptable, of exploitation or abuse of our Club members, and the mishandling of Club funds, we are required to secure your consent for a background check.

**REQUIRED BACKGROUND VERIFICATION AUTHORIZATION**

***(15 years old and older only)***

**APPLICANT – PLEASE COMPLETE THE SECTION BELOW & SIGN**

(Only Club Human Resources personnel will view the information below – it is not made available to hiring supervisors or others in the organization. If you are not selected for the volunteer or employment position, this form is shredded and not retained in our files.)

Name (please print): \_\_\_\_\_

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Maiden or alias Names: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's license number \_\_\_\_\_ Driver's License State: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male or Female (as reads on birth certificate or driver's license)

\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or volunteer placement.

Please list addresses and dates for the past 7 years:

Current \_\_\_\_\_

Previous \_\_\_\_\_

Previous \_\_\_\_\_

Previous \_\_\_\_\_

I hereby authorize the Boys & Girls Clubs of Sparta to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release the Boys & Girls Clubs of Sparta and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources.

I understand that any offer of employment or a volunteer position is contingent on a satisfactory background investigation. I also understand that this form will be kept secured in the HR files of the Boys & Girls Club of Sparta if I am offered a position as an employee or volunteer and will be periodically checked as needed to keep the records current and accurate for as long as I hold that position. I certify that the following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge. It is my responsibility to inform the Boys & Girls Club of Sparta if the information given above should change. I further understand that I may request at any time that this form be removed from my file and destroyed, and no further background checks be run, but doing so would mean that I will no longer be permitted to volunteer or be employed by the Boys & Girls Club of Sparta.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_