House of Shadows

Volunteer Application and Registration
THIS PACKET MUST BE RETURNED

GREAT FUTURES START HERE.
BOYS & GIRLS CLUB OF SPARTA

First Name: MI: Last Name:

Address:

City: State: Zip Code:

Phone: ( ) Circle one Home Cell

eMail:

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

Gender: Birthdate / / Ethnicity:

Student only: What school do you attend? Grade:

Home Schooled? Circle one Yes No	Are you eligible for free or reduced lunch? Circle one Yes No

Medical Release

In the event of an emergency, I understand emergency medical personnel will be called. volunteer initial

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

Emergency Contacts Mandatory to Provide Two Contacts

Name: Relationship: Phone:

Name: Relationship: Phone:

For Staff Only:

	Construction		Tickets		Age
	Room Design		Audio/Sound		14 & Under
	Concessions		Auxiliary Staff (outside support)		15-17
	Character Actor		Make-up/Costumes		Over 18

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 Signature: Date:

If 17 years old or younger, print parent's name here:

Parent's Signature: Date:

Parent Phone: ( )

If under 18 years of age, Parent's 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 plan for transportation for child/ren at the end of each night.

~There may be periods of time that my child/ren will not be directly supervised

~My child has offered to volunteer, and you are authorizing your child to help our attraction.

~Photos of the attraction may be taken and used publicly. Photos may contain your child.

~ In the event of emergency, Haunted House staff may not be readily available during open attraction hours, to answer questions about your child/ren.

~Your child/ren will be asked to be in costume to play a role within the attraction. Haunted House staff do not yet know what your child's role may be.

I release the Boys & Girls Club of Sparta and/or any of its contractors of all liability for injuries or losses that may arise from my child volunteering in House of Shadows activities. I further understand and accept the above risks related to these activities. I have had sufficient opportunity to read this entire agreement, and I understand the contents and agree to be bound by its items.

Parent's Printed Name:

Parent's Signature: Date:

I acknowledge that I have received and read the Boys & Girls Club of Sparta Volunteer Agreement including Appendix A.

Applicant Printed Name:

Applicant Signature: Date:

If 17 years old or younger, print parent's name here:

Parent's Signature: Date:

Please list all volunteer organizations you have been a part of and contact for leadership of each organization.

Examples of said groups are Church groups, Boys & Girls Scouts, Boys & Girls Club, School Organizations, Youth Sports Organizations, Big Brothers/Big Sisters

This is not a full list but just some examples.

Organization	Contact and Phone Number	Month Yr to and from
ex.: Boys & Girls Club of Sparta	Jennifer Simunich (608) 123-4567	Oct 2022 to current

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 physical, 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; andI 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 periods, 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.

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).

IDEMNITY 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.

PHOTOGRAPHY RELEASE

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.

My signature below is to acknowledge the Liabililty Waiver, Idemnity Agreement, and Photography Release above.

Applicant Printed Name:

Applicant Signature: Date:

If 17 years old or younger, print parent’s name here:

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.

Parent's Signature: Date:

BACKGROUND VERIFICATION AUTHORIZATION

Required for all applicants & volunteers 15 years old and older

Thank you for your interest in joining the Boys & Girls Club of Sparta team. Whether as an employee or volunteer, your commitment to supporting young people is greatly appreciated. The Boys & Girls Club of Sparta is dedicated to providing a safe, positive, and nurturing environment for every child we serve. As an affiliated organization of Boys & Girls Clubs of America, we follow nationally recognized youth safety standards and best practices. To help ensure the safety of our members and maintain the trust of our families and community, all employees and volunteers must complete a background check and provide references for review before working with Club members or serving in an official role.

By signing this authorization, you acknowledge and authorize the Boys & Girls Club of Sparta to conduct a background screening and reference check as described in this packet.

Only Club Human Resources personnel will view the information below - it is not made available to hiring supervisors or others in the organization.

Name: (please print):

First Middle Last

Maiden or alias Names: Social Security Number

Driver's license number State:

Date of Birth: / / Gender: Male Female (As reads on birth certificate)

*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 any states other than Wisconsin, where you have lived.

Please list complete addresses including city and state and dates for the past 7 years:

Current

Previous

Previous

Previous

I release the BGCS and all individuals, organizations, and agencies providing information pursuant to this authorization from any liability, claims, or legal actions arising from the collection or use of such information.

I understand that any offer of employment or volunteer service is contingent upon the satisfactory completion of this background investigation. I further understand that this authorization will be securely maintained in the Boys & Girls Club of Sparta's Human Resources files and may be used to conduct additional background checks, as needed, for as long as I am employed or serve as a volunteer.

I certify that the information I have provided, including my legal name, is true, complete, and accurate to the best of my knowledge. I understand that it is my responsibility to notify the BGCS of any changes to this information.

I understand that I may withdraw this authorization at any time by requesting that this form be removed from my file and destroyed. I further understand that withdrawing my authorization will make me ineligible to continue serving as an employee or volunteer.

Applicant Printed Name:

Applicant Signature: Date:

If 17 years old or younger, print parent's name here:

Parent's Signature: Date: