

Haunted Forest Volunteer Codes of Conduct

All volunteers must be 18 years of age or older and successfully complete the application and orientation requirements.

It is important to remember that the Haunted Forest is a fund-raiser for the Boys & Girls Club of Bulloch County and the conduct and actions of our volunteers have an impact on our reputation. It is highly important that our volunteers abide by the Codes of Conduct to ensure a safe, successful, and enjoyable experience for all.

If a volunteer's actions are deemed inappropriate, or in violation of the Codes of Conduct, the volunteer duties will be revoked, and they will be removed from the event without warning.

CODES OF CONDUCT

1. NO touching, bumping, or physical contact of any kind with patrons
2. No aggressive or threatening behavior such as swinging or punching
3. No foul or abusive language (no matter what is said to you)
4. No destruction of HAUNTED FOREST property
5. Stay in your assigned area unless released by an event staff
6. No cell phones may be used in the HAUNTED FOREST
7. No photography, video, or audio recording is allowed
8. Consumption of alcohol or illegal drugs before or during your shift is strictly prohibited
9. Possession of weapons or sharp objects is prohibited

GENERAL PRACTICES

1. Attendance is important! Arrive at least 30 minutes prior to your assigned shift
2. Report to the volunteer sign-in table upon your arrival
3. Sign in and out to receive credit for your volunteer hours
4. All costumes are provided for you. Please return all costumes at the end of your shift
5. Respect all event staff and other volunteers
6. Stay hydrated. Bottled water is provided for all event staff and volunteers

Haunted Forest Volunteer Application

NOTE: This application and all waivers must be completed in **FULL**. Only individuals who are currently 18 years of age or older are eligible to volunteer. Submit the completed application, signed waivers and copy of your valid Drivers License or State Issue ID to: hauntedforeststatesboro@gmail.com.

Personal Information							
First Name		M. I.		Last Name		Age	D.O.B
Address				City	State	ZIP	
Cell Phone #		e-Mail				SSN	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Other

Medical Release	
In the event of an emergency, I understand emergency medical will be called. (Initial Here) _____	
Please list any medications you are currently taking, any medical conditions or allergies that Emergency personnel should be aware of:	
1.	2.
3.	4.
5.	6.

Emergency Contact			
Please provide contact information for 2 people that can be contacted in the event of an emergency			
1.	Name	Phone #	
2.	Name	Phone #	

Understanding and 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 in the course of 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 Bulloch County, all institutions and partners of this event, and any law enforcement agency involved, from all liability and any damage that may result from my involvement and participation in this event.			
Applicants Signature		Date	

Haunted Forest Volunteer Application

Liability Waiver

By signing below, I am volunteering to participate in Haunted Forest and/or related activities (collectively, "Activity") during the 2022 season. I am forever waiving and releasing any and all claims [except claims of reckless or intentional conduct] I may now or later have against Haunted Forest (Boys & Girls Club of Bulloch County).

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 INVOLVES simulated confinement in spaces(s), mentally intense situations, and may be physically intense and induce stress. Physical activity may include, but is not limited to: standing for a 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

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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.

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I AM AWARE THIS ACTIVITY INVOLVES simulated confinement in spaces, and mentally intense situations, and may be physically intense and induce stress. Physical activity may include, but is not limited to: standing for a 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.

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.

Signature		Date	
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Haunted Forest Volunteer Application

Acknowledgment of Codes of Safety and Conduct

I ACKNOWLEDGE, agree, and represent that I have read and understand the Haunted Forest CODE OF SAFETY CONDUCT AND RULES

Signature		Date	
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Acknowledgment of Rights and Risks

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 releases. I further understand and accept the above risks related to these activities.

Signature		Date	
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Photo/Recordings Release

I ADDITIONALLY PERMIT Haunted Forest (Boys and Girls Club of Bulloch County) TO PHOTOGRAPH OR VIDEOTAPE MY PARTICIPATION IN THE ACTIVITY, INCLUDING SOUND AND VIDEO RECORDING (collectively, "Recordings"). I GIVE Haunted Forest (Boys and Girls Club of Bulloch County) ALL RIGHTS TO MARKET, PUBLISH, REPRODUCE, IN ANY AND ALL MEDIA, AND OTHERWISE USE THE RECORDINGS WITHOUT SEEKING SPECIFIC ADDITIONAL PERMISSION.

Signature		Date	
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Medical Insurance

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 Haunted Forest (Boys and Girls Club of Bulloch County)

Signature		Date	
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Criminal Background Check

Our emphasis is on providing a safe and enjoyable experience for the public led by adults of high moral character. Because the risk, no matter how remote, is unacceptable, of exploitation or abuse of our patrons and volunteers, we are required to secure your consent for a criminal background check.

Personal Information

First Name		Last Name		M.I.	
Street Address			City	State	ZIP
SSN	D.O.B.	Driver's License #			State Issued

List any other name used

I hereby authorize the Boys & Girls Clubs of Bulloch County 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 volunteering.

I release the Boys & Girls Clubs of Bulloch County and any person or entity that 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 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 Bulloch County if I am offered a position as a 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.

Signature		Date	
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**** NOTE** Please submit a copy of your VALID Driver's License or State Issued ID with this application. Applications will not be considered otherwise.**