

LAKEVILLE HAUNTED HOUSE

www.LakevilleHauntedHouse.com (508) 923-0053

2017

VOLUNTEER SIGN-UP SHEET

Volunteer Name: _____ Age*: _____

Last First

Address: _____

Street

City State Zip Code

Telephone: _____

Email: _____

Guardian**: _____

Guardian Telephone: _____

* Any volunteer age 12 and under, needs to be accompanied by an adult at all times.

** Required for all volunteers age 12 and under.

PLEASE PLACE A NEXT TO THE ACTIVITY YOU WOULD BE INTERESTED IN VOLUNTEERING FOR.

____ Behind the Scenes	____ Character	____ Clean Up Crew	____ Grounds Security
____ Parking Lot	____ Set up Crew	____ Set Construction	____ Tickets Sales
____ Tour Guide		____ Monitor (Please see Lorraine to see if you are eligible for this)	____ Break Room Attendant
____ Special Request:			

PLEASE PLACE A NEXT TO THE NIGHTS YOU WOULD BE AVAILABLE TO WORK.

1ST WEEKEND		2ND WEEKEND		3RD WEEKEND	
OCTOBER 13TH	OCTOBER 14TH	OCTOBER 20TH	OCTOBER 21ST	OCTOBER 27TH	OCTOBER 28TH
____ FRI	____ SAT	____ FRI	____ SAT	____ FRI	____ SAT

Nights of Operation Hours: 5:00pm until the last victim has gone through (roughly 10:30 or 11:00pm)

Ticket Sales: Friday and Saturday Nights 6:00 – 10:00pm

Community Service: Please call 508-923-0053 or email LakevilleHauntedHouse@yahoo.com

All volunteers need to pick up a copy of the Volunteer Information Sheet located at the Haunted House