



**St. Charles Haunted House Association
Student/Minor Volunteer Form**

Est 1987-Present

www.stchauntedhouse.com

400 East Water Street
St. Charles, MI
48655
(989) 928-8865

Full Applicant Name: _____

Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Drivers License Number: _____

Email Address: _____

Disclosure

I agree to abide by all rules and guidelines provided and enforced by the St. Charles Haunted House Association and their board members. I understand that any failure to follow these rules and guidelines will result in immediate dismissal from the volunteer position. The St. Charles Haunted House is not responsible for any lost belongings, accidents, or injuries that may result while volunteering.

I give my consent for the St. Charles Haunted House to use the information provided above to perform a background check as passing is a requirement to volunteer for this organization.

General Information

Volunteering is a serious time commitment especially during production nights. As a general rule, the haunted house closes at 12am on friday and saturday, and 10pm on sundays. The line closes at this time, however if customers remain in line at this time, the house will remain open until the last customers go through. While open, we respectfully request all volunteers leave electronics upstairs so as to not ruin experiences for our customers. Break time usually occurs between 9-10pm in which time phone usage is allowed.

For extenuating circumstances, the best way to contact staff members is 989-928-8865.

Applicant Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____