

VOLUNTEER REGISTRATION FORM

What: **Love Bites Haunted House**
When: February 14-17, 2019
Where: 10 Pearl Place, St. John's Newfoundland
Why: Fundraising project for The Miles for Smiles Foundation

You must be 14 years of age or older to volunteer for Love Bites.

Name: _____

Address: _____

Postal Code: _____ Phone #: _____

e-mail: _____ Date of Birth: _____

Previous Volunteer Experience:

Why do you want to volunteer for this event?

How did you hear about this event

We require volunteers for acting and supporting roles. We require responsible volunteers to assist in various roles each night. You will not get to choose what role you fulfill, it will be assigned to you. We will try to accommodate your preferences, but volunteers must be willing to accept assigned roles each night they volunteer.

Volunteer Commitment Agreement:

I _____ commit to my duties and responsibilities as a volunteer for Love Bites 2019. I agree to accept my assigned role for each performance at which I volunteer. I understand that during my time at the event I am representing Frontline Action, The Miles for Smiles Foundation and all event sponsors, and in no way will my behavior reflect negatively upon Frontline Action or Miles for Smiles or any other associated organization at the event.

Signature: _____ Date: _____

PLEASE NOTE: Student volunteers requiring confirmation of volunteer hours must have sheets signed off each night by Frontline Action staff. Volunteers will not be credited for hours after the event that were not confirmed each evening.

Parental Consent (for volunteers who are 14 to 17 yrs old only):

I, _____ am a parent/legal guardian of _____
(please print) (please print)

and I give consent for him/her to participate in Love Bites 2019, a project of Frontline Action and the Miles for Smiles Foundation.

(Parent/Guardian Signature)

(Date)