# Spooky Barn Actor Volunteer Application

Please Submit to info@spookybarn.ca by Oct. 1

## Contact Information

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| --- | --- |
| Name |  |
| Age |  |
| Street Address |  |
| City, Prov., Postal Code |  |
| Home Phone |  |
| Mobile Phone |  |
| E-Mail Address |  |

## Availability

During which hours are you available for volunteer assignments?

*Set-up, costuming and volunteer training (must be available for at least 3 hours before Oct. 10)*

By individual appointment! (List potential dates.)

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*Actual Event (preference given to those that can volunteer on all nights)*

Oct. 13 6:00-11:00\_\_\_

Oct. 14 6:00-11:00\_\_\_

Oct. 20 6:00-11:00\_\_\_

Oct. 21 6:00-11:00\_\_\_

Oct. 27 6:00-11:00\_\_\_

Oct. 28 6:00-11:00\_\_\_

What kind of role do you think you would best be suited for (creepy, scary, interactive…)?

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Any previous acting experience (not required but we would like to know)?

\_\_ yes \_\_ No

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| Please provide us with any other information that you feel would be relevant to your suitability of working at Spooky Barn. ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ |

**Although it is not required, feel free to submit a headshot as well**