# 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 (this is our main form of contact for our volunteers) |  |

## Availability

IMPORTANT:

We are having one day for training (October 20). We will train you throughout the afternoon and then we will open that night for family members of the volunteers/actors (and some invited guests) to come through for free. It is a way to test the waters. You may call it BITE NIGHT if you wish. We will be serving supper that day in between training and the main event. Hours that day are a rough estimate, we will most likely shorten the training depending on how many returning volunteers we get.

*Actual Event (preference given to those available for all hours)*

Oct. 20 1:00-10:30\_\_\_

Oct. 26 6:00-11:00\_\_\_

Oct. 27 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**