



Annual Frightened Felons Halloween Event

VOLUNTEER STAFF APPLICATION

Thank you for your interest in the Idaho State Historical Society. Please take a few minutes to fill out this application. We would like to use your time and skills effectively while at the same time ensuring that you are placed in an appropriate setting for the event's needs.

(Please Print)

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (home) _____ (wk) _____

EMAIL ADDRESS: _____

Date of Birth/Age: _____

Current (or prior) occupation: _____

Hobbies and personal interests: _____

Volunteer experiences: _____

Would you be available during the day?

M T W TH F SA SU

How often are you available?

One day a week

Twice a week

Once every two weeks

One day a month

Other _____

Do you have any medical conditions or allergies? (Please list, if yes): _____

Emergency contact: _____ (phone) _____

Do you speak, read, or write any languages other than English? yes no

If yes, which one(s): _____

**The Frightened Felons Halloween Event is
7:00 p.m. – 11:00 p.m. on both Friday and Saturday night.**

I can work Friday October 31st Adult Night (18 and up only, ID required)

I can work Saturday November 1st Family Night

PLEASE CHECK THOSE AREAS YOU WOULD BE INTERESTED IN:

Activity/Game Attendant

Inmate Actor

Locked-Up Cell House Actor

Haunted House Actor

Site Host/Ticket-Taker

Site Clean-Up

Event Set-Up

What nights are you available to rehearse? (If performing as Inmate Actor-Rover.)

M T W TH F SA SU

Please list any time restrictions you have the night of the event:

Do you have any prior felony convictions? If yes, please list:

Would you be available for physical labor (i.e. moving tables, chairs)?

List any experience and/or special skills that you bring to the event:

Anything else we should know about you:

****The historical society reserves the right to do a criminal background on prospective volunteers.**

Applicant signature _____ **Date** _____