

Building Outreach Opportunities, Inc.
Volunteer Registration Form

Name: _____

Parent or Legal Guardian Email (required if Volunteer is under age 18): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Date of Birth: _____ Soc. Sec. # _____

I am interested in volunteering in the following areas (mark all that apply):

Haunted House Rabies Clinic Parades
 Hoagie Sales Free community events Other: _____

I have the following talents/skills/interests (mark all that apply):

Set design/construction Acting/Theater
 Make Up artist Costume design
 Security Personnel (must be 16+) Ticket/merchandise sales
 Marketing/Social Media Baking

Describe any special skills, talents, or interests not identified above: _____

Please identify at least one person who we can use as an emergency contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Answering the following questions is not necessarily a barrier to volunteering. Please note that by signing on as a volunteer you are consenting to a criminal history check. Individuals convicted of barrier crimes as identified by the Commonwealth of PA will be given every opportunity to volunteer in areas of interest outside of event hours as appropriate.

Have you ever been convicted of a felony? _____ If yes, when: _____

Please explain: _____

Have you been convicted of a misdemeanor in the past 5 years? _____

Please explain: _____

(continued on next page/back)

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**CONFIDENTIAL
Background Check Authorization**

The information contained in this application is correct to the best of my knowledge.

I hereby authorize and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Volunteer: _____

Date: _____

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Date: _____

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Date: _____

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

**Building Outreach Opportunities, Inc.
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WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in BOO, Inc. volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the BOO, Inc. or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Foundation") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur. I understand and agree that the Foundation are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless the Foundation for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that the Foundation have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns.

I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates the liability of BOO, Inc.

Signature of Volunteer: _____ Date: _____

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18) Date: _____

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PUBLICITY RELEASE

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Signature of Volunteer: _____ Date: _____

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