

BUILDING OUTREACH OPPORTUNITIES, INC.
VOLUNTEER REGISTRATION FORM

DEMOGRAPHICS:

FULL LEGAL NAME: _____

Nickname / Preferred Name: _____ Date of Birth: _____

FULL STREET ADDRESS: _____

MAILING ADDRESS: _____

Parent or guardian name and phone # (if minor): _____

Phone number: _____ EMAIL: _____ Facebook Name: _____

OFFICE USE ONLY:

- ☐ Back ground check complete
- ☐ Added to BOO, Inc. FB Group page
- ☐ Added to BOO, Inc. FB Messenger Chat
- ☐ Volunteer Provided with Door Code

CRIMINAL HISTORY (required for ages 14+ for haunted house; 18+ for all other events) (see release for criminal history check at end of this registration form)

Do you have any felony convictions during the past 10 years: YES / NO

Do you have any misdemeanor convictions during the past 5 years: YES / NO

Have you **ever** been convicted of a sex offense, homicide or aggravated assault: YES / NO

If yes to any of the above, please explain: _____

VOLUNTEER OPPORTUNITIES (please check all you are interested in):

- | | | |
|------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Spring Festival | <input type="checkbox"/> Yard Sales/Flea Markets | <input type="checkbox"/> Austin Cook Benefit Ride |
| <input type="checkbox"/> Fall Festival | <input type="checkbox"/> Haunted House | <input type="checkbox"/> Christmas for Kids |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Cornhole | <input type="checkbox"/> Marketing/Social Media |

SPECIAL SKILLS (please check all that apply):

- | | | |
|---------------------------------------------------------|------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> social media guru | <input type="checkbox"/> acting | <input type="checkbox"/> retail sales |
| <input type="checkbox"/> computers | <input type="checkbox"/> graphic make up | <input type="checkbox"/> sewing / costumes |
| <input type="checkbox"/> construction/building | <input type="checkbox"/> robotics / technology | <input type="checkbox"/> security |
| <input type="checkbox"/> Other (please describe): _____ | | |

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP: _____

PHONE #: _____

MEDICAL/REASONABLE ACCOMMODATIONS:

Do you have any of the following medical conditions (this information is for use by our EMT's and medical staff only in the event of an emergency):

- | | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Seizure disorder (haunted house may contain strobe lighting) | <input type="checkbox"/> Type I diabetes (insulin dependent) |
| <input type="checkbox"/> Cardiac issues that may lead to sudden cardiac arrest | <input type="checkbox"/> Asthma / breathing disorders |
| <input type="checkbox"/> Other (please describe): _____ | |

Do you have any of the following allergies requiring an epi-pen:

BUILDING OUTREACH OPPORTUNITIES, INC.

☐ Bees/Wasps

☐ Foods

☐ Other: _____

Do you carry any emergency medications with you to treat the above conditions (epi-pen, glucotabs, etc):

Please list emergency medications and explain where our medical staff can find them should an emergency occur:

Please describe any reasonable accommodations you may need in order to participate in BOO, Inc.'s activities:

By signing below, I agree to the following:

- I understand and acknowledge that I am voluntarily participating in this program and as such will not be compensated for my time.
- I understand that our building and grounds are under audio and video recording at all times. I further give consent for my photo and/or video to be taken and used for marketing and other uses as BOO, Inc. deems appropriate.
- I give consent for a criminal history check to be conducted and agree to immediately report any new convictions to the executive director should they occur. I understand that criminal history checks may be conducted periodically in addition to the initial check completed upon signing up as a volunteer. I understand that, while most convictions are not a barrier to volunteering, certain felonies will be a barrier to participating in some or all of our events and activities.
- I understand that all activities conducted by BOO, Inc., whether on or off the premises, are drug and alcohol free. EXEPTION: some limited events by BOO, Inc. may have alcohol provided by a vendor or at a venue that has a valid liquor license. Under no circumstances is alcohol to be purchased or consumed by anyone under the age of 21. Valid ID will be required by the vendor or venue prior to purchase.
- I hereby give consent for the medical staff of BOO, Inc. to render emergency medical care within their scope of practice should an injury or medical emergency occur. Further, I understand and give consent for the medical staff or their designee to call 911 and provide initial consent to treat on my behalf when advanced medical help arrives if I am unable to do so on my own behalf. In the event that a volunteer is under the age of 18, I confirm that I am the minor child's parent/legal guardian and give consent for BOO, Inc's medical staff and/or EMS to provide treatment in accordance with current best practices and protocols.
- I acknowledge that I have disclosed any conditions that may impact my ability to participate in BOO, Inc's activities and further agree to hold BOO, Inc., it's volunteers, board of directors and any other party harmless for any injury, death or dismemberment that may occur while participating in any BOO Inc. activities, whether on or off the property.
- While engaged in activities with BOO, Inc. I agree to not engage in any behavior that would reflect poorly on the organization. I will clean up after myself and will refrain from damaging any property or the grounds. I will not create a public disturbance, and will ensure I am sober at all times while participating in events.
- If volunteering to receive community service credit for school or probation, I understand that it is my responsibility to bring my community service paper with me and get it signed off by the executive director or their designee each day I volunteer. BOO, Inc. is not responsible for misplaced or unsigned community service paperwork.
- **I agree to participate in any required safety trainings and/or meetings as scheduled by BOO, Inc. If I am unable to attend a meeting, I understand and acknowledge that it is my responsibility to reach out to the operations manager or executive director to make up the training or get the information that I missed.**
- I understand that the haunted house is a performance that is open to the public, and as such, I will be expected to be onsite at least one hour before opening each night that I have signed up to participate. Repeated absences or no call / no shows may result in my removal from the event as a volunteer and may disqualify me for any community service credit that I may have been eligible for.

Printed Name of Volunteer: _____ **Date:** _____

Volunteer Signature (or parent/guardian if under age 18): _____

Parent/Guardian Printed Name: _____ **Contact Number:** _____