

# Dead Whispers – Haunted Attraction

Powered By The Bill Carroll Foundation, Inc.



## HAUNT SCARE TEAM

Dead Whispers, Haunted Attraction is bringing on Actors and Techs for this years Haunt at the Fredericksburg Fairgrounds. If you want to be a part of our Scare Team then please fill out and return this application to the email provided.



**BILL CARROLL  
FOUNDATION**

*Education Through Imagination*

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_

I am interested in volunteering for the following types of activities:

- Scare Actor/Actress
- Technicians/Haunt Security
- Room Decorators
- Painter
- Marketing/Social Media
- Other: \_\_\_\_\_

**Availability**

During which hours are you available for volunteer assignments?

\_\_\_ **Tech Building Time**

\_\_\_ Mondays \_\_\_ Tuesdays \_\_\_ Wednesdays \_\_\_ Thursdays \_\_\_ Fridays

\_\_\_ Weekends

Specific Times? \_\_\_\_\_

\_\_\_ **Final Build Week**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday

Specific Times? \_\_\_\_\_

\_\_\_ **Haunt Open**

\_\_\_ Friday October 25<sup>th</sup> \_\_\_ Saturday October 26<sup>th</sup> \_\_\_ Sunday October 27<sup>th</sup>

~ Friday is 4p to 10p or last group through with an opening of 6pm.

~ Saturday is 4p to 10p or last group through with an opening of 6pm.

~ Sunday is two sessions: 10am to 4p or last group through with an opening of Noon.

\_\_\_ Wednesday October 30<sup>th</sup> \_\_\_ HALLOWEEN NIGHT \_\_\_ Friday November 1<sup>st</sup> \_\_\_ Saturday November 2<sup>nd</sup>

~ Wednesday is 4p to 10p or last group through with an opening of 6pm.

~ Thursday (Halloween) 4p to 10p or last group through with an opening of 6pm.

~ Friday is 4p to 10p or last group through with an opening of 6pm.

~ Saturday is 4p to 10p or last group through with an opening of 6pm.

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, previous Haunt experience, or through other activities, including hobbies, theater, etc.

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**For Actors**

If you're wanting to be an Actor, do you have your own Costume? ~YES~ ~NO~  
Makeup? ~YES~ ~NO~ Can you apply your own makeup? ~YES~ ~NO~

**Person to Notify in Case of Emergency**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. Return this form via email (please scan) to: [scare@deadwhispershaunt.com](mailto:scare@deadwhispershaunt.com) or regular mail to: Bill Carroll Foundation C/O Volunteer Coordinator 43 Town and Country Drive, #119-80 Fredericksburg, VA 22405. You will be supporting Musicians, Children & Adults as well as Veterans with disabilities through our Music Foundation. [www.BillCarrollFoundation.org](http://www.BillCarrollFoundation.org). For more info on Dead Whispers, please visit [www.DareToScare.com](http://www.DareToScare.com).