



Scream Scene Volunteer Interest Form and Waiver

Name: _____

Address: _____

Phone:(home)_____ (cell)_____

E-Mail: _____

Age:(must be at least 15 to volunteer for Scream Scene)_____

Please check the days you would like to volunteer:

____ Oct. 6 ____ Oct. 7 ____ Oct. 13 ____ Oct. 14 ____ Oct. 20 ____ Oct. 21
____ Oct. 22 ____ Oct. 27 ____ Oct. 28 ____ Oct. 29 ____ Nov. 4

Hours: 7–10 p.m. | Oct. 21 & 28 open till 11 p.m. | Oct. 22 & 29 open till 9 p.m.

Volunteers will be assigned to work as a group guide or an actor, based on the need for each night. Volunteers are expected to arrive at 5:00pm and usually leave around 10:15pm. Pizza/ dinner and pop are provided at the end of each night. Volunteers receive one t-shirt on the second night of volunteering.

Important Information

Volunteers and parents of volunteers agreeing to participate in volunteer activities must recognize and appreciate that there are always inherent risks of injury associated with any volunteer activities. Such risks will vary depending upon the nature of the particular volunteer activity.

Please recognize that the Skokie Park District does not carry medical/accident insurance for injuries sustained in its volunteer programs. It should further be recognized that the absence of medical/accident insurance does not make the Skokie Park District responsible for the payment or reimbursement of medical expenses. Therefore, each person participating in volunteer activities, and/or their parents, should review their own health insurance policy for coverage.

Waiver

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of volunteering in this program/activity against the Skokie Park District, including its officers, officials, agents, volunteers, and employees.

Volunteer's Name (please print)_____

Volunteer's Signature_____

Parent/Legal Guardian Signature (if under 18)_____

Date_____

Please drop off or mail form to Claudia Bidstrup, Oakton Community Center, 4701 Oakton St, Skokie, IL 60076
Or email the form to cbidstrup@skokieparks.org