

VOLUNTEERS WANTED -



Join the scariest volunteer event in the Twin Ports Area!!

Haunted Shack / Haunted-Ridge, Carlton MN

All ages both young and old can be a part of this amazing event. The Haunted Shack and the Haunted-ridge organization invites you to be an integral part of the largest haunted attraction north of the Twin Cities! We see all ages witnessing the true terror at the Haunted Shack & Haunted-Ridge Why? Because we have long been recognized among the ranks of haunted places in the mid-west. It provides just enough atmosphere...a retreating footstep here, a fading whisper there...to make the ever-growing sub-culture of paranormal enthusiasts emphatically declare the place to be a haven to phantoms, ghouls, spirits, lingerers-on, or any other name by which a ghost may be called.

Every October, at the Haunted-Ridge, the Haunted Shack crew will terrify the innocent and play with the minds of thousands of souls entering the grounds, and we want your HELP!!!

Join the coolest and scariest volunteer crew in Minnesota.

Volunteer any or all nights of the Haunted Shack - and have a ghoulish fun time! Signup Today!

Help fulfill your *Civic Engagement Requirements for Graduation or raise monies for your group / organization* and volunteer today.

Do you belong to a group or organization that is looking to raise money? For a small commitment you can earn monies for your group or organization. Contact us for more information on Fundraising opportunities.

We depend on volunteers like you, as well as the community, to keep the Haunted Shack haunted attraction alive. We look forward to meeting and working with new people who want to become involved.

At the start of each shift use the designated VOLUNTEER ACCESS ENTRY POINT

Located on the Southwest side of the Haunted Shack Building.

Positions that are available each season:

- Actors/Monsters
- Security / Parking
- Tractor Drivers

Open Nights: LOCATION: 1781 County Rd 1, Carlton, MN 55718

- Friday Oct 13th Opening night 6pm - 10:30pm
- Saturday Oct 14th 6pm - 10:30pm
- Sun Oct 15th 6pm - 9:30pm
- Thurs Oct 19th 6pm - 9:30pm
- Fri Oct 20th 6pm - 10:30pm
- Sat Oct 21st 6pm - 10:30pm
- Thurs Oct 26th 6pm - 9:30pm
- Fri Oct 27th 6pm - 10:30pm
- Sat Oct 28th 6pm - 10:30pm

ADDITIONAL DATES AVAILABLE: Kids Day Oct 21st 9am - 3pm or Tear Down Sunday October 29th - 9am to 3pm

Laroyia: 218-428-2553 Assistant Volunteer Coordinator
Pat: 218-348-1561 Event Operations

VOLUNTEER TODAY AND HELP OUT GREAT CAUSES. "Many Hands Make for Light Work."

What to Expect when Volunteering:

9 Nights Between October 13th thru October 28th - Fridays, and Saturdays and volunteer hours are from 6 PM to approximately 11 PM. Thursday and Sunday evening the volunteer hours are from 6 PM to approximately 10 PM.

Please note that events may be longer or shorter depending on the crowds each evening
Plan to stay Later

When Working the Event:

- When arriving please notify the parking staff at the entrance gate that you are a volunteer. *Parking for volunteers is available at the south side of the Haunted Shack building by the semi-trailers.*
- Each day you volunteer you must check in when you arrive and depart.
- Volunteers must adhere to all rules and regulations.
- Volunteers must obey all staff safety requirements.
- Volunteers may be placed in dark areas with lots of light effects and fog machines. Please let us know if you have concerns or issues regarding this type of placement.
- For your comfort, bring warm clothing. You will be working on a farm environment. Inside / Outside elements.
- Dress in all black or dark clothing if possible. Please wear comfortable shoes. No sandals or open toe or open heel shoes allowed. If at all possible, we ask you keep with the all black or dark colored theme and do not wear white or colored footwear!
- Also recommend you bring a water container or bottled water.

2023 October Dates of the Event:

13th, 14th, 15th, 19th, 20th, 21st, 26th, 27th, 28th.

VOLUNTEER OPPORTUNITY DATES ARE A FIRST SIGN UP. SO DON'T WAIT. YOUR DATE OF CHOICE MAY GET TAKEN

Special Requirements:

All volunteers must have some form of identification to check in for the event. Haunted Shack wants to allow all ages that have a sinister interest in Halloween to be allowed to work in the haunt to enjoy an experience in volunteering at this event. Because of the nature of the event, we do have some age requirements.

Volunteers under the age of 18 MUST have their registration signed by a parent or guardian.
Volunteers under the age of 12 MUST also have a parent or guardian with them at all times of the event.

Free food and refreshments will be provided to the volunteers each evening.

Breaks will be given throughout the volunteer's time at the event.

WHAT WE STAND FOR:

The Haunted Shack / Haunted-Ridge is one of the largest fundraisers for the LOCAL Special Olympics. It also collects nonperishable food items for the LOCAL Chum Food Shelf and collects coats for the Northland Coats for Kids and local organizations and have been contributing to their organization.

Proceeds from this event go towards the LOCAL Special Olympics, Chum Food Shelf, and Northland Coats for Kids, and other local organizations.

- We supply all Costumes and make-up. We have an entire 45ft trailer set up as a professional costume / make-up room.
- Acting - scaring the spectators coming through the haunt.
- Actors are needed inside the haunt, in the corn trail and on the hay wagon ride. (**Wherever is needed and WE WILL CHOOSE WHERE YOU GO**)
 - We try to keep the organizations together but, on some occasions, we may need to split them up.
- We offer acting / Makeup classes prior to the event. (About 1 hr.)
- We provide food / beverage **MOST** nights.
 - **Volunteers should plan on bringing bottled water with them.**
 - **Actors need to clean up after themselves nightly to keep animals away.**
- All acting locations have office trailers to take breaks, get out of the elements, and warm up.

At the start of each shift use the designated

VOLUNTEER ACCESS ENTRY POINT

Located on the Southwest side of the Haunted Shack Building.

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____.

Contact Person: _____ Phone #: _____

Total # of Nights Volunteering For: _____

Reason your Volunteering: _____

Open Nights: PLEASE CHOOSE YOUR NIGHT OR NIGHTS YOU WILL BE VOLUNTEERING. REMEMBER IT'S A FIRST COME FIRST CHOICE.

- _____ Friday Oct 13th Opening night 6/6:30pm- 10:30/11pm
- _____ Saturday Oct 14th 6/6:30pm- 10:30-11pm
- _____ Sun Oct 15th 6/6:30-9:30/10pm

- _____ Thurs Oct 19th 6/6:30-9:30pm/9pm
- _____ Fri Oct 20th 6/6:30- 10:30/11pm
- _____ Sat Oct 21st 6/6:30-10:30/11pm
- _____

- _____ Thurs Oct 26th 6/6:30-9/9:30pm
- _____ Fri Oct 27th 6/6:30-10:30/11pm
- _____ Sat Oct 28th 6/6:30-10:30/11pm

ADDITIONAL DATES AVAILABLE:

Kids Day Oct 21st 9:00am- 3:00pm _____

Tear Down Sunday October 29th 9am to 3pm _____

Personal Health History and Waiver (each volunteer needs to fill out & sign)

*If under 18 this form must be completed by parent or legal guardian. This form is completely confidential & only used in emergencies.

Volunteer Name: _____ Age: _____ Phone number _____

Address: _____ City: _____ State: _____

Email: _____

Allergies: food, medication, insects and/or plants: _____

List any medications you are on: _____

List any physical or behavioral conditions that may limit participation: (such as lifting limits, seizures, ADHD, bipolar disorder, or any other limitations we should know about) _____

In the event of an emergency, whom should we contact?

Name: _____ Relationship: _____ Phone Number: _____

At the start of each shift use the designated VOLUNTEER ACCESS ENTRY POINT Located on the Southwest side of the Haunted Shack Building.

1. Turn in completed forms before any volunteer work can be done.
2. Actors should attend at least 1 scheduled acting class before their first night acting. If the scheduled night does not work, please speak with the acting coordinator to go through material.
3. Sign in and out each night- turn in costumes, accessories, vests, radios, etc. Nothing belonging to the Shack should go home with anyone. The Haunted Shack is not responsible for any lost or damaged items brought to the Haunted Shack- all volunteers should leave valuables at home or locked in vehicles
4. **PLEASE BRING YOUR OWN BEVERAGES: I.e.: Water, Gatorade, etc.**
5. Please do not share Make-up or mask with others. If you run low or need something specific, please let the acting coordinator know and we will try to get it for you right away. Keep all the make-up you use in your bag with your name marked on it.
6. Show up for your scheduled shifts. If you cannot make it, please contact Pat 218-348-1561 as soon as possible so we can fill your spot for the night. If you are running a fever of 100 degrees or higher, coughing, or showing any other symptoms or Covid-19, or been in contact with anyone that has tested positive please stay home and contact Pat.
7. ***On busy nights we may run past closing time. We ask that volunteers stay in their scenes until someone comes to release you. WE WILL LET YOU KNOW WHEN WE ARE DONE.***
8. **NO BAILING EARLY,** we typically wrap up within a half hour of closing.
9. Give it your all each night no matter what your job is for the night. Please be flexible- at times we may need to change things up to ensure all positions are covered. Be prepared to work both in the Shack and outside on every shift. We will try to accommodate preferences but need flexibility to work anywhere as needed.
10. Treat each other with respect. Treat all materials (costumes, props, tools, etc.) with respect and use them with care. * Misconduct can result in dismissal of volunteers.
11. Be aware of possible safety issues and report them to organizers right away.
12. Assist with nightly clean up. This includes inside the costume trailer, outside grounds and out on the hayride, and inside the shack and corn maze.
13. We periodically provide food/ treats/ beverages for the volunteers. PLEASE take one helping to start and once everyone has been through the line seconds will be offered. Also please make sure to clean up after yourselves and the area around you.

Authorization: **(each volunteer needs to fill out & sign)**

I, as a volunteer or parent/ guardian of a minor volunteer agree that the health history is correct so far as I know and I am able to engage in all activities, except as noted. In the event of illness or accident during such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates. Also, I as a volunteer or the parent of volunteer indemnify, hold harmless, and defend the event organizers and volunteers from any and all claims, suits, loss, costs, damage, or expenses on account of injuries to or death of any organizer or volunteer and on the account of any and all damages to property to whomsoever belonging, including property owned, leased to, or in the care, custody, and control of the organizers of the Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Maze, Jeremy Rubesh.

Volunteer Name (Print): _____ Phone #: _____

Volunteer Signature: _____ Date: _____

If under 18 Parent Name: _____ Phone Number: _____

Parent Signature: _____ Date: _____

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT (each volunteer needs to fill out & sign)

In consideration of participating in haunted house activities and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence The Haunted Shack, Haunted-Ridge, Ru-Ridge Corn Maze, Jeremy Rubesh, and its owners, directors, officers, employees, agents, volunteers, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that these activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with walls, objects or other participants; medical conditions resulting from physical activity; damaged clothing or other property, coming in contact or contracting the Covid-19 virus or any other viruses. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that i am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I expressly accept and assume all the risks inherent in this activity or that might have been caused by the negligence of the Releasees known that this event is in a group setting and that I may come in contact or contract the Covid-19 virus or strains of and any other viruses. My participation in this activity is purely voluntary and I elect to participate and release any liability from the Releasees despite the risks
4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I represent that I have adequate insurance to cover any injury or damage I suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit, I agree to do so solely in the state where the Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my rights to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I choose to not sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

I have read and understood this document and agree to be bound by its terms.

Print Name _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT - (Must be complete for Participants under the age of 18)

In consideration of the minor/ minors listed below being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor/ minors or are in any way connected with such participation by minor/ minors.

Name/s of Minor/s _____

Parent Guardian Signature _____ Date _____