HAUNTED DEPOT 2026

Support Staff Application

All volunteers are expected to represent the City of Opp in a positive and professional manner. The City reserves the right to refuse or discontinue any volunteer assignment at its sole discretion.

Eligibility Requirements

Please read before completing this application.

- Volunteers must be 15 years of age or older.
- Volunteers ages 15-17 must have a parent or legal guardian register as a volunteer and remain on-site during all scheduled shifts.
- All volunteers must follow Haunted Depot safety rules and conduct themselves in a respectful and professional manner.

☐ I have read and meet the eligibility requirements.

Applicant Information

Name: _____

Preferred Name (if different): _____

Date of Birth: _____

Age: _____

Phone: _____

Email: _____

Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Parent/Guardian Information

(Required for applicants under 18.)

Parent/Guardian Name: _____

Phone: _____

Email: _____

☐ I understand I must also register as a Haunted Depot volunteer and remain on-site during my child's scheduled shifts.

Availability

Please check all dates/times you are available.

☐ All Open Nights

☐ Thursday Nights

☐ Friday Nights

☐ Saturday Nights

☐ Sunday Nights

Specific dates not available (October 1-31st):

Physical Abilities

Are you comfortable with:

☐ Standing for long periods

☐ Walking frequently

☐ Working outdoors

☐ Lifting up to 25 pounds

☐ Climbing stairs

☐ Working in low-light environments

Medical Information

Do you have any medical conditions, allergies, or physical limitations we should know about?

T-Shirt Size

☐ XS ☐ S

☐ M ☐ L

☐ XL ☐ 2XL

☐ 3XL

Why do you want to volunteer for Haunted Depot?

Agreement

I understand that Haunted Depot is a volunteer-driven community event. I agree to follow all safety procedures, treat fellow volunteers and guests with respect, and perform my assigned duties to the best of my ability.

Applicant Signature: _____ Date: _____

Parent/Guardian Consent

(Applicants under 18 only.)

I give permission for my child to participate as a Haunted Depot volunteer. I understand that I am required to volunteer and remain on-site during my child's scheduled shifts.

Parent/Guardian Signature: _____ Date: _____

Volunteer Release of Liability and Hold Harmless Agreement

I understand that I am voluntarily participating as a volunteer for the City of Opp's Haunted Depot event.

I acknowledge that participation may involve certain inherent risks, including but not limited to walking through dark environments, exposure to loud noises, uneven walking surfaces, physical activity, lifting, climbing stairs, and other activities associated with preparing for or operating a haunted attraction.

I certify that I am physically able to participate in the activities assigned to me and will immediately notify event staff if I become injured or unable to safely perform my assigned duties.

In consideration of being allowed to participate, I voluntarily assume all risks associated with my participation and agree to release, waive, discharge, and hold harmless the City of Opp, its elected officials, employees, volunteers, sponsors, and event organizers from any and all claims, demands, causes of action, damages, losses, or liabilities arising out of or related to my participation, except to the extent caused by gross negligence or willful misconduct as provided by applicable law.

I further agree to follow all safety rules, instructions, and policies established by Haunted Depot staff. I understand that failure to follow safety procedures may result in my removal from the event.

I grant permission for the City of Opp to photograph or record me during Haunted Depot activities and to use those images or recordings for promotional, marketing, or educational purposes without compensation.

I certify that I have read and understand this Release of Liability and Hold Harmless Agreement and sign it voluntarily.

Volunteer Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian Consent (Applicants Under 18)

I certify that I am the parent or legal guardian of the above-named volunteer. I have read and understand this Release of Liability and Hold Harmless Agreement, consent to my child's participation, and agree to its terms on behalf of my child. I understand that I am also required to volunteer and remain on-site during my child's scheduled shifts.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____