



# SPECIAL EVENTS VOLUNTEER APPLICATION

**Aurora's Haunted Forest 2024**

**COMMUNITY SERVICES DEPARTMENT**

[aurora.ca/specialevents](http://aurora.ca/specialevents)

*Thank you for your interest!*

## Section 1

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ (you must be 13 years of age to volunteer) Adults are welcome! PRONOUNS: \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

\_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

City Province Postal Code

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATION TO VOLUNTEER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

## Section 2

What other languages can you speak? \_\_\_\_\_

Special Information (i.e.) Food Allergies, etc.? \_\_\_\_\_

Do you require accessible accommodation in order to volunteer? **YES** **NO**

I would like to receive information from Town of Aurora about:

Volunteer Opportunities  Youth Initiatives/Events

## Section 3: Aurora's Haunted Forest 2024

### Pumpkin Carving:

<b>FULL</b>	Wednesday October 23	4 p.m. to 7 p.m.	Aurora Joint Operations Centre
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### Event Day: Saturday, October 26: Sheppard's Bush

<b>FULL</b>	9a.m. to 12p.m.	<b>Event Set-up</b>
<b>FULL</b>	12p.m. to 3p.m.	<b>Event Set-up</b>
<b>FULL</b>	4:30p.m. to 10 p.m.	<b>Event Support Outdoors:</b> Ticket taker, bus monitor, trail directions, pumpkin lighter, games.
<b>FULL</b>	4:30p.m. to 9:15p.m.	<b>Event Support Indoors:</b> (Aurora Family Leisure Complex): Game monitor, craft table. Etc.
	4:30p.m. to 10 p.m.	<b>Character:</b> Dress up and be an active participant in a display. Displays will be assigned.

**CHARACTERS** – For those applying to be a character at Aurora's Haunted Forest, in one paragraph, please provide detail about why you want to be a character, how you would ensure you are in full character during the event and what makes a good character. This information will determine if you are accepted to move onto the Meet & Greet stage of the volunteer process (dates and times for the Meet & Greet will be provided to those selected). Please write your paragraph in space provided on page 2 of application.

**Orientation** - Orientation is **MANDATORY for selected volunteers**. Please see below when your orientation will be.

<b>Event Support - Outdoor</b>	Wednesday, October 16	4:30 p.m. to 5:30 p.m.	Virtual Online
<b>Event Display or Characters</b>	Monday, October 23	4:00 p.m. to 5:30 p.m.	Sheppard's Bush

Please submit your completed application and signed waiver to **Erin Hamilton, Special Events & Sponsorship Coordinator** by: email (preferred): [ehamilton@aurora.ca](mailto:ehamilton@aurora.ca) or drop-off at the Aurora Family Leisure Complex at 135 Industrial Parkway North. We will contact you to confirm shifts and provide details but if you have any questions before then, please contact Erin Hamilton at 365-500-3165.

### **CHARACTER APPLICANTS**

All Character volunteer applicants must write their paragraph here as per page 1 of application.



## **Release and Waiver of Liability**

As a Volunteer, I fully understand and agree to the following:

In consideration for receiving permission to participate in volunteer activities with the Town of Aurora, I hereby release, waive, discharge and covenant not to sue the TOWN OF AURORA, their officers, agents, servants, or employees (hereinafter referred to as releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in such a volunteer activity, or while in, on, or upon the premises where the volunteer activity is being conducted.

Except as authorized, during my service as a volunteer, I will not disclose, release or make use of any confidential or personal information that has been shared with, or acquired by me except in accordance with my assigned duties as a volunteer.

I will not receive any remuneration, salary, wage, payment or any employee benefits whatsoever, and I further understand that there is no employment relationship as a result of my volunteer activity. Further, I understand that the TOWN OF AURORA may in its sole discretion reassign me or terminate my services as a volunteer, without notice or compensation.

I understand that TOWN OF AURORA does not maintain any insurance policy covering any circumstance arising from my participation in volunteer activities or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

My volunteer activity may involve personal risk and could result in property damage or bodily injury, and I hereby elect to voluntarily participate with full knowledge that said volunteer activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the TOWN OF AURORA or otherwise.

I agree to indemnify and hold harmless the releasees from all claims, demands, causes of action, losses, damages or costs arising from my actions as a volunteer, unless such claims, demands, causes of action, losses, damages or costs are attributable to my good faith performance of authorized volunteer activities. I hereby release, waive and discharge the TOWN OF AURORA from all liability to my heirs, executors, administrators, assignees for all losses or damage and any claims or demands for such loss or damage on account of injury to person or property.

I understand that volunteers are not covered by the *Ontario Workplace Safety and Insurance Act* and that, as a result, I am not entitled to make any claims for compensation pursuant to the *Ontario Workplace Safety and Insurance Act*.

I am aware of the nature and effect of the Release of All Claims and Waiver of Liability form that I am signing. I acknowledge having read, understood, and agree to the above conditions, release and waiver.

I understand that the TOWN OF AURORA will not share my personal information with third parties.

**If under 18 years of age, a parent or legal guardian is required to sign:**

I hereby certify that I am the parent/legal guardian of \_\_\_\_\_, a minor pursuant to the *Age of Majority and Accountability Act* and that s/he has my permission to serve as a volunteer with the TOWN OF AURORA. As the parent/legal guardian, I fully understand and have full knowledge of the nature and extent of the risks involved with his/her participation as a volunteer.

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Signature of Volunteer or  
Parent/Legal Guardian

\_\_\_\_\_

Date