

VOLUNTEER REGISTRATION FORM

What: **Zombie Train**

When: _____

Where: **54 Duffett's Road, St. John's Newfoundland**

Why: **Fundraising project for The Miles for Smiles Foundation**

You must be 16 years of age or older to volunteer for Zombie Train.

Name: _____

Address: _____

Postal Code: _____

Phone #: _____ **e-mail:** _____

Date of Birth: _____

Previous Volunteer Experience:

Why do you want to volunteer for this event?

How did you hear about this event?

I want to be an Action Zombie Y N

Are you someone who wants to scare people while at the same time entertaining them. Action Zombies are volunteers who dress as zombies and wear protective suits to protect them from the onslaught of the Zombie killing general public who are riding in trains mounted with up to 21 paintball guns. There is a bonus system for these volunteers based upon how hard you work and how often you attend.

I want to be an non-Action Zombie Y N

These are Zombies who are not shot at. You dress in full zombie clothing and put on makeup. Your job is to interact with the waiting public and build suspense.

I want to play a supporting role Y N

We require volunteers for acting and supporting roles. We require responsible volunteers to assist in various roles each night. If you are interested in being a Zombie that gets shot with paintballs then please indicate this on this form. We will not force you to be an Action Zombie. Other than Action Zombies you will not get to choose what role you fulfill, it will be assigned to you. We will try to accommodate your preferences, but volunteers must be willing to accept assigned roles each night they volunteer.

Volunteer Commitment Agreement:

I _____ commit to my duties and responsibilities as a volunteer for Zombie Train. I agree to accept my assigned role for each performance at which I volunteer. I understand that during my time at the event I am representing Frontline Action, The Miles for Smiles Foundation and all event sponsors, and in no way will my behavior reflect negatively upon Frontline Action or Miles for Smiles or any other associated organization at the event.

Signature: _____ Date: _____

PLEASE NOTE: Student volunteers requiring confirmation of volunteer hours must have sheets signed off each night by Frontline Action staff. Volunteers will not be credited for hours after the event that were not confirmed each evening.

Parental Consent (for volunteers who are 16 to 18 yrs old only):

I, _____ am a parent/legal guardian of _____
(please print) (please print)

and I give consent for him/her to participate in Zombie Train, a project of Frontline Action and Miles for Smiles Foundation.

(Parent/Guardian Signature) (Date)



18 Perlin Street
St. John's NL A1E 4C1

September 10, 2019

To: Whom It May Concern

RE: Miles for Smiles Foundation partners with Frontline Action to Fight Zombies

This is to verify that Frontline Action is partnering with the Miles for Smiles Foundation to create Zombie Train at 54 Duffett's Road St. John's NL. Partial proceeds from Zombie Train will go to the Miles for Smiles Foundation. For more information please contact Tom Davis at 746-3902.

A handwritten signature in black ink, appearing to read "B Moore", is written over a horizontal line.

Bev Moore-Davis
Miles for Smiles Foundation