

Volunteer Service Description



Service Title: Trick or Treat Town Door Volunteers

Supervisor: Jennifer Brown

Clubhouse/Department: Resource Development

Boys & Girls Clubs – Alaska Mission Statement

Encourage and inspire the diverse youth of Alaska to realize their full potential by offering them hope, opportunity, and a safe environment.

Description or Purpose of Assignment:

Hand out candy to Trick or Treat Town participants (one piece of candy per child) and ensure candy is well stocked at your designated station.

Training Plan: Volunteer Orientation on day of event

Time Commitment: 3.5 – 4 hours

Qualifications:

Welcoming personality and smile, excellent customer service skills, and must have a passion for working with youth and families in a busy environment. Most important: Have fun!

Service Environment:

ACS Warehouse will be a fun, busy, carnival-type atmosphere where families will be moving through to enjoy trick-or-treating, games, live entertainment and concessions. During your service time, professional staff will be available to offer guidance and provide relief for breaks as necessary.

GREAT FUTURES START HERE.



**Trick or Treat Town 2013
Parent/Guardian Notice and Consent Form**

Your child/youth has expressed an interest in participating in the 2013 Trick or Treat Town event at the ACS Warehouse. This event will be held on Friday, October 25 (5-9pm) and all day Saturday, October 26 and volunteer shifts are approximately 3 hours each.

Volunteers are needed for various duties including concessions, customer service, candy patrol, and door staff. All volunteers at the event must wear non-scary, kid-friendly costumes.

Trick or Treat Town is a wonderfully fun affair, and volunteers have a great time! It is a wonderful way to earn community service credits, have fun celebrating Halloween and benefit Boys & Girls Clubs, whose mission is to empower and inspire the diverse youth of Alaska to realize their full potential by offering them hope, opportunity, and a safe environment.

I give permission for my child/youth to participate in the 2012 Trick or Treat Town. I authorize medical treatment of my child in the event of an emergency and agree to not hold Boys & Girls Clubs legally responsible.

Child/Youth Name

Age

Printed Parent Name

Phone #

Parent Signature

Date