

Building Schedule:

July

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	12	13	14			
		20	21	22		
					30	31

August

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
					6	7
					Drop In	14
					20	
					27	28

September

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
					3	4
					10	11
					17	18

Scaring Schedule:

October

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
					1	2
3					8	9
10					15	16
17				21	22	23
24	25	26	27	28	29	30
31						

Volunteer Guidelines

The Haunted Labyrinth is a fundraiser for the Rejoice in Hope Youth Center, and relies on volunteers. Volunteers need to be in high school as of September 2010. Ask your Director of Religious Education if your time may be used towards Confirmation and/or service hours.

Once you are finished working with us, you may request a paper with your logged hours.

Please Bring:

- A CURRENT SCHOOL ID; SCHEDULE; DRIVER'S LICENSE; IDENTIFICATION
- Please bring your Haunted Labyrinth ID Card (if you don't have one, it will be issued to you your first time working.)
- If you would like, bring earplugs to guard against loud noises.
- Do not bring any valuable items. There is no place to store them. We are not responsible for any lost or stolen items.

For Building:

- Please arrive at the front door no earlier than 6:15pm, and no later than 6:30pm
- Have your ride pick you up at 9:30pm. If leaving early, a parent or guardian must come in to pick you up.
- Please wear clothes that you don't mind getting paint on or torn.
- No open-toed shoes are allowed. Please wear sneakers or boots.

For Scaring:

- Please arrive at the Rejoice in Hope Youth Center in Cranston (at the back door) no earlier than 5:15pm and no later than 5:30pm. Doors will open at 5:30 pm. Haunted Labyrinth is open from 7:00pm until 10:00pm. Plan on being picked up no later than 10:30 pm.
- YOU MUST BE DRESSED IN BLACK. Remember the motto: "All black all the time!" Please dress in long pants and long-sleeved shirts! If you are not dressed appropriately, you will be limited in the spots you can work in. Do not bring any masks or costumes. These will be supplied. We will give you everything else you need once we assign you to a spot.
- What to expect:
 - o When you come in, you will check in with Personnel, who will assign you a spot in the Labyrinth. Personnel will take care of all youth working in the Labyrinth. You will be assigned a spot and taught how to scare.
 - o We begin every evening with prayer, and then we show you how to scare in your position in the house.
 - o Once we open, we expect you to remain in the spot you were assigned, and scare every group that comes through! There will be an adult Security person assigned to your area in case you need anything and who will check on you regularly.
 - o And, of course, we expect you to have fun!
 - o Once the Haunted Labyrinth closes for the night, food will be served to all workers in the cafeteria.

Should you have any questions, you may call the Rejoice in Hope Youth Center at 942-6571 or e-mail us at rejoiceinhope@juno.com

Thank you for your willingness to volunteer with the Haunted Labyrinth!

Permission Form

Name _____

School _____ Grade 9 10 11 12 College (Please circle)

Address _____ City _____ ZIP _____

Emergency Number: _____ Phone _____

Month/Year of Birth _____ / _____ Church _____

E-Mail Address: _____

** I give my son/daughter permission to volunteer at the Haunted Labyrinth at the Rejoice in Hope Youth Center, and agree to release, exonerate, indemnify and defend the Roman Catholic Bishop of Providence and the Catholic Youth Organization (CYO) of the Diocese of Providence from all claims arising from, or occasioned by my child/ward's participation in this activity. I verify that my son/ daughter is in high school (at least 9th grade). I have reviewed the above-mentioned Haunted Labyrinth Worker Guidelines.

** I authorize the Haunted Labyrinth to use photographs and/or videos of my child for productions, publications, etc.

** In the event of an emergency, I grant permission for my child to be transported to a local hospital for treatment.

My child is allergic to:

My child takes the following medications:

My child has the following health conditions you should be aware of:

** I give my child permission to walk home from the Rejoice In Hope Youth Center. ___ Yes ___ No

PARENT/GUARDIAN SIGNATURE: _____ Date: _____