PLEASE SEND THIS FORM WITH A 'HEAD AND SHOULDERS' PHOTO. WE WILL NOT ACCEPT THS FORM WITHOUT IT. (IF YOU WOULD LIKE TO SEND ANOTHER ONE ONE OF YOU LOOKING 'SCARY', PLEASE FEEL FREE!)

SCREAM TEAM APPLICATION FORM 2012

A copy of this form must be filled in separately for each person applying to be a Scarer. Scarers must be over 18.

SURNAME_____ FORENAME _____ M ☐ or F ☐

ADDRESS _____

_____POSTCODE _____ OCCUPATION _____

TEL: Mob _____Home _____ email [print clearly] _____

Date of birth: _____/_____/_____ Age at 18 October 2012 _____ I visited Scaresville in 2011 ☐ 2010 ☐ 2009 ☐

I am applying with the following other applicants: _____

I am a qualified medical Doctor ☐ Nurse ☐ 1st Aider ☐ I am vegetarian ☐ I am vegan ☐

Any relevant medical conditions we should know about _____

NEXT OF KIN: NAME _____ TEL _____

YOUR AVAILABILITY October 2012

	F	S	S	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	n.b 22/23rd may not operate
	12	13	14	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	
a: Definitely	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	n.b. min 'scare' period 3 days
b: Probably	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	there is no 'maximum'

c: Likely wk 1 ☐ wk 2 ☐ wk 3 ☐ I am ☐/am not ☐ flexible on Dates

SKILLS/ATTRIBUTES

My 21st C skills & interests are _____

My best qualities are _____

I am considered: Noisy ☐ Talkative ☐ Quiet ☐ Shy ☐ Lively ☐ Steady ☐ Approachable ☐ On time ☐

ROLE I see myself as: Active ☐ Light Work Only ☐ Scarer ☐ Marshall ☐ Behind the Scenes ☐

I think I would like to be on (state several scares in order of preference) _____

_____

or: I don't mind which scares I am involved with ☐ or: I don't mind what I do ☐

I confirm I can attend the following preparation/training days:

Scare Academy Sun 16 Sept ☐ Scare Academy Sun 23 Sept ☐ Dress Rehearsal Eve Thu 11 October ☐

Signed by Applicant _____ Date _____

SCARESVILLE SCREAM TEAM • KENTWELL HALL • LONG MELFORD • SUFFOLK CO10 9BA
01787 310207 • www.kentwell.co.uk • scaresville@kentwell.co.uk