



## DAY OUT WITH THOMAS, 2017 VOLUNTEER FORM

**DATE:** \_\_\_\_\_

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_ PH: (\_\_\_\_) \_\_\_\_\_ Shirt Size \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ Height \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City                      State                      Zip

***YES! I would like to volunteer for the following days:***

DATE		MORNING SHIFT	AFTERNOON SHIFT	FULL DAY SHIFT
Saturday	<b>June 24<sup>th</sup></b>	<input type="checkbox"/> 7:30 AM to 1:30 PM	<input type="checkbox"/> 12:00 PM to 6:00 PM	<input type="checkbox"/> 7:30 AM to 6:00 PM
Sunday	<b>June 25<sup>th</sup></b>	<input type="checkbox"/> 7:30 AM to 1:30 PM	<input type="checkbox"/> 12:00 PM to 6:00 PM	<input type="checkbox"/> 7:30 AM to 6:00 PM
Saturday	<b>July 1<sup>st</sup></b>	<input type="checkbox"/> 7:30 AM to 1:30 PM	<input type="checkbox"/> 12:00 PM to 6:00 PM	<input type="checkbox"/> 7:30 AM to 6:00 PM
Sunday	<b>July 2<sup>nd</sup></b>	<input type="checkbox"/> 7:30 AM to 1:30 PM	<input type="checkbox"/> 12:00 PM to 6:00 PM	<input type="checkbox"/> 7:30 AM to 6:00 PM
Saturday	<b>July 8<sup>th</sup></b>	<input type="checkbox"/> 7:30 AM to 1:30 PM	<input type="checkbox"/> 12:00 PM to 6:00 PM	<input type="checkbox"/> 7:30 AM to 6:00 PM
Sunday	<b>July 9<sup>th</sup></b>	<input type="checkbox"/> 7:30 AM to 1:30 PM	<input type="checkbox"/> 12:00 PM to 6:00 PM	<input type="checkbox"/> 7:30 AM to 6:00 PM

***YES! I am interested in the following Volunteer Assignments:***

Please check all that apply.

**ACTIVITIES**

Work in the Imagination Station, apply temporary DOWT tattoos, work the Bubble Station, be Sir Topham Hat, help with Yard Games

**VISITOR SERVICES**

Staff the Will-Call and & Information Desk or provide custodial assistance during the event.

**MERCHANDISING**

Work in the Merchandise Tent as a Cashier, Stocker, Balloon-Filler, or Exit Attendant.

**TRAIN SERVICE**

Take tickets, load and unload trains, man train crossing, etc. Some of these positions require prior Museum training and are not open to all Volunteers.

**PHOTOGRAPHY**

Assist DOWT photographers or photo-document the event for the Museum.

**READERS**

Read Thomas books to Museum Visitors in the Museum Railroad Library.

**AFFILIATION:**

DGRS    HO Club    CO School of Mines    Kent Denver School    Other \_\_\_\_\_

**In case of emergency, notify:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ (Person should have legal authority to guide medical personnel)

Health conditions, including allergies, which may limit my volunteer abilities:

\_\_\_\_\_  
\_\_\_\_\_

I am certified in the following medical areas:  CPR  FIRST AID

**STATEMENT OF UNDERSTANDING**

As a Volunteer at the Colorado Railroad Museum, I acknowledge there is inherent risk in working with, in, and around operational and non-operational railroad equipment, track, machining equipment, and power tools. I acknowledge that as a Museum Volunteer I may freely engage in activities that could cause me or others unintentional bodily harm or even death. Furthermore, I acknowledge the Museum has specific safety precautions, procedures, and policies in place to prevent harm to Museum Volunteers, Guests, Employees, and all other affiliated individuals on Museum property during working Museum hours. I understand I will be thoroughly advised of these precautions, procedures, and policies and wholeheartedly agree to support and abide by the Museum's safety program. I understand that if for any reason I do not adhere to the Museum's safety program I may be removed from my volunteer assignment and/or dismissed from the Museum's volunteer program. I understand that as a Museum Volunteer I am responsible for my own personal safety and agree to remain mindful of the safety of those around me. I understand the Museum holds Volunteer Insurance and I have submitted emergency contact information in case it is needed.

I agree to submit to a background check as required by my Volunteer Assignment and DOWT Event Organizers.

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**PRINT NAME**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Parent / Guardian Signature (if under 16 yrs of age)**

**Questions? Please contact:**

**Danielle Ghear**  
**720-274-5145**  
**danielle@crrm.org**