



Attn: Danielle Ghear
 17155 W. 44th Ave, Golden, CO 80403
 PH: 303-279-4591 FX: 303-279-4229
www.ColoradoRailroadMuseum.org
 Volgistics _____ Background Check _____

TODAYS DATE: _____

PLEASE PRINT CLEARLY

NAME: _____ PH: (____) _____ C H

EMAIL: _____ DOB: ____/____/____

MAILING ADDRESS: _____

City

State

Zip

MALE / FEMALE _____ SHIRT SIZE _____ AFFILIATION _____

I am skilled/knowledgeable and interested in helping in the following areas:

- Carpentry
- Landscaping
- Archives
- Graphic Design
- Pipefitting
- Upholstering
- Railroad History
- Guiding Tours
- Welding
- Painting
- Writing
- Teaching
- Machining
- Modeling
- Photography
- Special Events
- Electrical
- 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

This Volunteer Form gives permission for CRRM to create a volunteer profile in Volgistics. This profile will include all information submitted above and will use the email address provided for log in purposes, hour tracking, communications and scheduling. A profile in Volgistics does not guarantee the applicant volunteer service at the museum.

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 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 agree to submit to a background check as required by my Volunteer Assignment and/or Volunteer Responsibilities within the Museum.
- I understand the Colorado Railroad Museum is open to all individuals and groups, regardless of national origin, race, religion, age, physical abilities, gender, or sexual orientation. Violence and/or aggression towards another Volunteer, Museum employee, or Museum guest will not be tolerated.
- I understand sexual harassment including, but not limited to, unwanted sexual advances, off-color jokes, and derogatory comments will not be tolerated.
- I understand that if I have a grievance or complaint, it is my responsibility to contact the Volunteer Coordinator as soon as possible.

PRINT NAME

DATE: _____

Volunteer's Signature

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