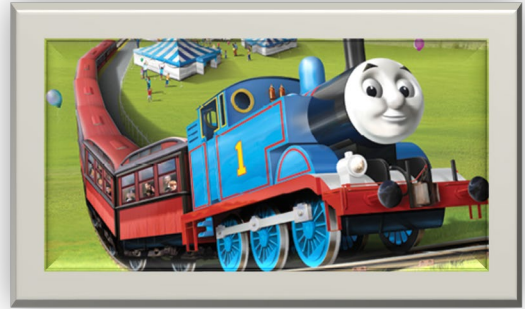


# DAY OUT WITH THOMAS, 2019 INDIVIDUAL VOLUNTEER FORM



**Personal Information:**

NAME(S): \_\_\_\_\_

CELL: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Availability:** Please indicate the TOTAL number of shifts you would like to work \_\_\_\_\_

**Shifts:** Please select all of the shifts you are available for

	Sept 7 <sup>th</sup>	Sept 8 <sup>th</sup>	Sept 14 <sup>th</sup>	Sept 15 <sup>th</sup>	Sept 21 <sup>st</sup>	Sept 22 <sup>nd</sup>
6:00 AM - 12:00 PM (LEAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 PM - 6:00 PM (LEAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:30 AM - 12:30 AM (Open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 PM – 5:00 PM (Close)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Sept 5 <sup>th</sup>	Sept 6 <sup>th</sup>	Sept 23 <sup>rd</sup>	Sept 24 <sup>th</sup>
Set-Up/Tear-Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Affiliation:** Are you volunteering as part of a group or organization? Please let us know.

DGRS  HO Club  Mines  Public Library  Other \_\_\_\_\_

Please check all that apply.

**LEAD VOLUNTEERS**

Looking for Lead Volunteers to help set up stations, give breaks and bring water to other stationed volunteers. Looking for leads in Parking, Activities, and Visitor Services. Shifts start early and come with VIP onsite parking pass.

**SET-UP/TEAR DOWN**

Help us get ready for and clean up after DOWT. We need helpers to set up tents, place inflatables, hang signage, and pack away DOWT Merchandise

**VISITOR SERVICES**

Help direct our visitors throughout the grounds. This includes Will Call, Greeter, and Line Management.

**MERCHANDISING**

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

**ACTIVITIES**

Interact with our visitors, stamp scavenger maps and keep our activity stations clean.

**Notes:**

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**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

Please identify health conditions or allergies, which may limit my volunteer abilities:

\_\_\_\_\_

**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.

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

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

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

\_\_\_\_\_  
**Volunteer’s Signature**

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

**Questions? Please contact:**

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