**Cheyenne Frontier Day™ Old West Museum**

**Volunteer Application**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Last) (First)

**Birthday (year optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name) (Phone Number)

**I am interested in working in the following departments:**

( ) Museum Administration

( ) Docent/Education

( ) Collections

( ) Facilities

( ) Admissions Desk

( ) Exhibits

**I am available for the following work schedule:**

( ) Monday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Tuesday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Wednesday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Thursday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Friday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Saturday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Sunday

When/What hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(over)

**Service Agreement**

This agreement is entered into by the Cheyenne Frontier Days™ Old West Museum and Volunteer. Volunteer agrees to perform services without compensation. Volunteer also agrees that he/she desires to perform such services without compensation. Volunteer also agrees that he/she desires to perform such services because of the personal satisfaction and educational growth received.

**Tort Liability**

I understand that I may be protected from civil liability for injuries or damage to the person or property of another under the following conditions:

I am working on a museum task assigned by a Museum representative; and

The action does not involve willful or wanton negligence on my part.

**Workers Compensation Insurance**

I understand that the Cheyenne Frontier Days™ Old West Museum does not provide Workers Compensation Insurance for volunteers.

**Background Check**

The Museum reserves the right to conduct a background check on its volunteers.

This agreement is a statement of good faith cooperation and not a legal contract. It is entered into between the Cheyenne Frontier Days™ Old West Museum and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to govern volunteer service.

\_\_\_\_\_\_\_ I have received and fully understand the Volunteer Handbook.

\_\_\_\_\_\_\_ I understand the guidelines, responsibilities and procedures regarding the role of the volunteers within the operations of the Cheyenne Frontier Days™ Old West Museum and agree to abide by them to the best of my ability. I further agree that I will conduct, to the best of my ability, the assigned volunteer tasks.

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian (if applicant is under 18 years of age):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Museum Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**