



**RRR**  
**Youth Volunteer Program Application**  
**for Youths 13 – 18 years**

Date \_\_\_\_\_

APPLICANT INFORMATION		
Name:		
Date of birth:	H Phone:	C Phone:
Address:		
City:	State:	ZIP Code:
Email:		
PARENT/GUARDIAN EMERGENCY CONTACT		
Name of Emergency Contact:		
Address:		Phone:
City:	State:	ZIP Code:
Email:		
Relationship:		

- Do you have any obligations that will affect your availability to fully participate in the program?  
 Yes \_\_\_\_ No \_\_\_\_ . If yes, what are they? \_\_\_\_\_  
 \_\_\_\_\_
- Why do you want to volunteer? \_\_\_\_\_  
 \_\_\_\_\_
- Will you have transportation to Frontier Park for workdays and rodeo days? Yes \_\_\_\_ No \_\_\_\_
- Will you be available to participate in the four scheduled Saturday workdays? Yes \_\_\_\_ No \_\_\_\_
- In what activities are you currently involved? (i.e. FFA, 4H, etc.) \_\_\_\_\_  
 \_\_\_\_\_
- What are some of your interests? \_\_\_\_\_  
 \_\_\_\_\_
- Are any of your family members currently volunteering with CFD? Yes \_\_\_\_ No \_\_\_\_ . If yes, on what committee? \_\_\_\_\_
- Do you have any special skills? Yes \_\_\_\_ No \_\_\_\_ . If yes, what are they? \_\_\_\_\_  
 \_\_\_\_\_
- Please submit a photo of yourself, from the shoulders up, to [youth.director@cfdrodeo.com](mailto:youth.director@cfdrodeo.com)

"It is the policy of the Cheyenne Frontier Days™ to maintain a work place and volunteer atmosphere free of discrimination based on disability, age, sex, race, creed, color, national origin of ancestry. It is also the policy of Cheyenne Frontier Days™ to maintain a work place and volunteer free of sexual harassment."