

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

Date		
Date		

APPLICANT INFORMATION					
Name:		AT LICANT IN ORIVIATION			
Date of	histh.	H Phone:	C Phone:		
		n Priorie:	C Priorie:		
Address	) <b>.</b>	Chahai	7ID Code.		
City:		State:	ZIP Code:		
Email:	2.25	NT/014 PD14 N 514 FD 05 NOV 00 NT 1	_		
PARENT/GUARDIAN EMERGENCY CONTACT					
	f Emergency Contact:				
Address	); 		Phone:		
City:		State:	ZIP Code:		
Email:					
Relation	nship:				
<ol> <li>Do you have any obligations that will affect your availability to fully participate in the program?         Yes No If yes, what are they?</li></ol>					
3. V	. Will you have transportation to Frontier Park for workdays and rodeo days? Yes No				
4. V	. Will you be available to participate in the four scheduled Saturday workdays? Yes No				
5. I					
6. What are some of your interests?					
	7. 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?				

9. Please submit a photo of yourself, from the shoulders up, to <a href="mailto:youth.director@cfdrodeo.com">youth.director@cfdrodeo.com</a>

"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."