



Youth (Over 14 years old) Special Event Volunteer Application

Event Details:

A Day Out With Thomas is a fundraising event to support the Elgin County Railway Museum, hosted at the Memorial Arena on Wilson Ave. July 12th, 13th, and 14th. Volunteers are needed to assist with a number of stations, from supervising children's activity and craft stations, storytelling, and temporary tattoos, to supervising inflatables, crowd control, and assisting Sir Topham Hatt as well as the event set up and take down the week before and after. Double-shifts are appreciated, snacks are provided, and allowances for appropriate breaks will be made. Training and orientation will be held in early July – you will be informed closer to the date. Previous experience and references are not required, but are preferred if available. Upon completion of volunteer shifts, signatures for volunteer hour sheets will be provided, and references will be given upon request. Your help is appreciated at this event, and we hope that you enjoy volunteering with us!

Personal Information:

First Name: _____ Last Name: _____

Address: _____ City/Postal Code: _____

Telephone: _____ Email: _____

High School: _____ Grade: _____ Age: _____

T-Shirt Size: S M L XL XXL

Emergency Contact Information:

Name: _____ Relationship: _____

Phone : (h) _____ (w): _____ (c): _____

Please identify health conditions or allergies that could assist staff in responding to a personal health emergency:

<u>Availability:</u>	July 12	July 13	July 14
8am -1pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 noon-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3pm-6pm (closing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience: Please list your work and/or volunteer experience. (**Organization, responsibilities, skills, date etc.**).

Reference: *(An individual other than a family member who is familiar with the applicant's personal achievements.)*

Reference's Name: _____ Phone Number: _____

Email: _____ How long have they known you? _____

In what capacity? (ie: teacher, coach, babysitter, employee, etc.) _____

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

This form may be returned to the museum during open hours or sent by email to sydneyw@ecrm5700.org