



Siouxland Historical  
Railroad Association

# Volunteer Application





**VOLUNTEER APPLICATION**

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

*Please Print Legibly*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

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

Have you volunteered or applied to volunteer with us before? \_\_\_\_\_

If so, when? \_\_\_\_\_

Are you a Member? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you using illegal drugs or other substances that may impair your volunteer position? \_\_\_\_\_

What hours are you available as a volunteer?

	<u>MORNING</u>	<u>AFTERNOON</u>		<u>MORNING</u>	<u>AFTERNOON</u>
Monday:	_____	_____	Friday:	_____	_____
Tuesday:	_____	_____	Saturday:	_____	_____
Wednesday:	_____	_____	Sunday:	_____	_____
Thursday:	_____	_____			

Please provide 3 references (other than family) that we may contact:

- 1.) Name: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_  
Relationship: Personal: \_\_\_\_\_ Business: \_\_\_\_\_
- 2.) Name: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_  
Relationship: Personal: \_\_\_\_\_ Business: \_\_\_\_\_
- 3.) Name: \_\_\_\_\_ Daytime Contact Number: \_\_\_\_\_  
Relationship: Personal: \_\_\_\_\_ Business: \_\_\_\_\_



Are you:     Employed: \_\_\_\_\_ Student: \_\_\_\_\_ Retired: \_\_\_\_\_

Employer: \_\_\_\_\_

School/University: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Do you have any mental or physical condition that would affect your ability to perform the position(s) or duties for which you are applying?

\_\_\_\_\_

\_\_\_\_\_

If you have a disability, what accommodations do you need in order to volunteer?

\_\_\_\_\_

\_\_\_\_\_

Volunteer Preferences: (Check as many as you like)

Office/Clerical: \_\_\_\_\_

Tour Guide: \_\_\_\_\_

Carpentry: \_\_\_\_\_

Track Repair: \_\_\_\_\_

Project Management: \_\_\_\_\_

Information Technology \_\_\_\_\_

Model Railroad: \_\_\_\_\_

Train Crew: \_\_\_\_\_

Fund Raising: \_\_\_\_\_

Lawn Care: \_\_\_\_\_

Painting: \_\_\_\_\_

Metal Fabrication/Welding: \_\_\_\_\_

News Letter/Journalism: \_\_\_\_\_

Exhibit Design/Construction: \_\_\_\_\_

Motorcar Operator: \_\_\_\_\_

General Maintenance: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

In your own words, why are you interested in volunteering with the railroad museum? (Please elaborate on your professional, academic or personal experience as it relates to your selections above)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Agreement Section**

It is understood and agreed upon that any misrepresentation by me/applicant on this application will be sufficient cause for cancellation of this application and/or separation from the Siouxland Historical Railroad Associations (SHRA) service if I have been accepted as a volunteer.

I give the SHRA the right to investigate all references and secure additional verification and information about me, if job related. I hereby release from liability the SHRA and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand that just as I am free to resign at any time, the SHRA reserves the right to terminate my position at any time, with or without cause and without prior notice. I understand that no representative of the SHRA has the authority to make any assurances to the contrary.

I authorize the Siouxland Historical Railroad Association to release or otherwise disclose verbally or in writing information to any and all prospective employers/volunteer organizations regarding my job performance while volunteering for the SHRA. I understand that the information to be provided includes but is not necessarily limited to the following: position(s) held, dates of volunteering, reason(s) for termination and job performance. I hereby release from liability SHRA, its volunteers, directors, officers and agents from any liability of any type for releasing said information including any and all claims for damages of whatever type, regardless of whether such claims are in the nature of tort claims, contract claims or otherwise.

I certify, to the best of my knowledge, that all information given by me/applicant in this application and in any other forms I/applicant complete during the application process is true and correct. I understand that false or misleading statements made by me/applicant or consequential omissions of any kind in the application process, are sufficient cause for not being accepted as a volunteer or for being dismissed if I/applicant am already a volunteer no matter when discovered.

I understand that there will be a series of interviews prior to my/applicant's being accepted as a volunteer and I/applicant will be expected to complete the required training for specific volunteer area placement as needed.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Thank you for your interest in volunteering with us.*

**FOR OFFICE USE ONLY**

Application Received: Date: \_\_\_\_\_ By: \_\_\_\_\_

Interview #1: Date: \_\_\_\_\_ By: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Interview #1: Date: \_\_\_\_\_ By: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Interview #1: Date: \_\_\_\_\_ By: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_