



French Lick Scenic Railway
(Indiana Railway Museum)
VOLUNTEER APPLICATION

INSTRUCTIONS

This form must be fully completed (please print or type) in order to be considered for a volunteer position. If you have a resume containing relevant information, please attach it. All information is confidential.

For additional information or for questions, please contact us at 1-800-74-TRAIN or email to info@frenchlickrr.org (Subject Line: VOLUNTEER)

Personal Information

Mr. Ms. Mrs. Miss Other _____

Name: (last, first, middle) _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone _____

Other Phone: (mobile) _____

Email Address: _____

Date of Birth: (month/date/year) _____

Are you an ASSOCIATE or ACTIVE member? (circle one)

What type of membership? INDIVIDUAL COUPLE FAMILY (circle one)

Education

| LEVEL | INSTITUTION NAME | DEGREE | FIELD OF STUDY/MAJOR |
|---------------|------------------|--------|----------------------|
| High School | | | |
| Undergraduate | | | |
| Graduate | | | |
| Post Graduate | | | |

Do you speak any language other than English? YES NO

If yes, which? _____

Do you know sign language? YES NO

Emergency Contact (please fill out completely)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone _____

Other Phone: (mobile) _____

Employment Information (if retired, please list your last place of employment)

Circle one:

EMPLOYED NOT EMPLOYED RETIRED STUDENT

Employer: (if student, list school and major) _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone: _____

Please List any current or previous volunteer activities:

Do you have any family or friends working for or volunteering at the Indiana Railway

Museum: YES NO

If yes, who? _____

Areas of Opportunity

Please list your areas of interest in order of preference:

| | | | |
|--------------------|-------|--------------------|-------|
| Administrative: | _____ | **Rail Operations: | _____ |
| Diesel Maintenance | _____ | **Restoration: | _____ |
| Track Maintenance | _____ | Visitor Services: | _____ |

**Volunteer opportunities in these areas are limited and require special skills as well as additional training.

What skill could you contribute as a volunteer? (i.e. computer skills, public speaking, welding, metal work, woodwork, etc.)

Availability

Please circle:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Morning | Morning | Morning | Morning | Morning | Morning | Morning |
| Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |

If you are a new volunteer, how did you learn about the volunteer program at the Indiana Railway Museum? (please list all ways that apply):

Questionnaire

Have you ever been known by any other name? YES NO

If yes, please list: _____

Have you ever been dismissed from any other volunteer program? YES NO

Have you ever been convicted of a misdemeanor, felony, or DUI? YES NO

If you answered yes to any of the above questions, please explain. (An answer of yes may not necessarily exclude you from volunteering)

Please sign and mail your application to:

The Indiana Railway Museum
ATTN: VOLUNTEERS
P.O. Box 150
French Lick, IN 47432

Signature

Signature of Applicant: _____ Date: _____