



## Indiana Railway Museum VOLUNTEER APPLICATION

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### 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 Teresa Richardson at 1-800-74-TRAIN or email to [Trichardson@indianarailwaymuseum.org](mailto:Trichardson@indianarailwaymuseum.org).

### 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:	_____
Education:	_____	**Restoration:	_____
Collections:	_____	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.)

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Do you have any prior experience in railroading? (i.e. engineer, conductor, track maintenance, restoration, etc.) If so please list details such as what and with whom.

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**Availability**

Please circle:

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
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):

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**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)

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

As indicated by your signature below, I understand that I will not be compensated working as a volunteer at the Indiana Railway Museum. I also understand that working as a volunteer that I am subject to the rules and regulations of the Indiana Railway Museum.

I hereby assume all risks of any and all personal injury and/or death and/or loss of or damage to me or my property while I am on, in or near any railroad property, engine, car or vehicle owned by the Indiana Railway Museum, Inc. This includes the area surrounding the depot in French Lick, the freight station, the line running from French Lick to Dubois, and all areas of railroad property not specifically mentioned.

I do forever acquit, release, and discharge the Indiana Railway Museum, Inc. and any of their successors, assignees, officers, and employees from any and all liability of whatsoever character for any and all personal injuries, deaths, or loss of or damage to property that may be sustained by me while I am on or about the tracks or other premises incidental to any kind of activity no matter how said injuries or damage may arise and this waiver shall apply even if said injury, damage, or death results from active or passive, sole or concurrent negligence of personnel attached to or employed by the Indiana Railway Museum.

Please sign and mail your application to:

The Indiana Railway Museum  
Attn: Operations Manager  
P.O. Box 150  
French Lick, IN 47432

**Signature**

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_