

# NORTHWEST RAILWAY MUSEUM

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## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

May we call you at work? If so, work phone \_\_\_\_\_

Other (cell phone, pager, etc) \_\_\_\_\_

Who do we contact in case of emergency? Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

1. Why would you like to volunteer at the Northwest Railway Museum?

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2. What volunteer positions interest you?

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> Brakeman  | <input type="checkbox"/> CollectionCare  | <input type="checkbox"/> Archival Assistant       |
| <input type="checkbox"/> Fireman   | <input type="checkbox"/> Gardener        | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Conductor | <input type="checkbox"/> Project Manager | <input type="checkbox"/> Special Events           |
| <input type="checkbox"/> Engineer  | <input type="checkbox"/> Custodian       | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> MOW       | <input type="checkbox"/> Docent          |   |

What skills or experience do you have in these areas?

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3. What days or times are especially good for you, or especially bad for you?

	BEST	SOMETIMES	NEVER
Saturday	_____	_____	_____
Sunday	_____	_____	_____
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____

4. How often would you like to volunteer?

\_\_\_\_ 1 day/week  
\_\_\_\_ 2 days/month  
\_\_\_\_ other: \_\_\_\_\_

5. Are you volunteering anywhere else? If so, where?

\_\_\_\_\_

6. Are you currently employed? If so, where?

Employer \_\_\_\_\_ Position \_\_\_\_\_

If you are unemployed or retired, what is/was your line of work? \_\_\_\_\_

7. Are you a member of the Northwest Railway Museum? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_

8. Do you know anyone else who might enjoy volunteering at the Northwest Railway Museum?

Name \_\_\_\_\_ Phone \_\_\_\_\_

9. How did you learn about volunteering at the Northwest Railway Museum?

\_\_\_\_ at the railway museum      \_\_\_\_ newspaper (which? \_\_\_\_\_)  
\_\_\_\_ from a friend or acquaintance      \_\_\_\_ other (how? \_\_\_\_\_)

10. Please list 2 character or employment references:

Name \_\_\_\_\_ Phone \_\_\_\_\_

How does he or she know you? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

How does he or she know you? \_\_\_\_\_

11. Is there anything else you would like us to know about you or your interests?

\_\_\_\_\_

\_\_\_\_\_

#### RELEASE

As a condition of volunteering my time to the Northwest Railway Museum, I agree to hold the Northwest Railway Association, its officers, trustees, employees, volunteers, agents and members harmless from any and all claims, demands, liability, loss, and damages of any kind and nature if I am injured or incur any physical impairment or sickness as a result of any activity I undertake as a volunteer of, or under the guise of volunteering at or for, the Northwest Railway Museum.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If volunteer is under 18 years of age, signature of parent or guardian is required:

Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE

### **Any volunteer applicant 16 years of age and older must complete the Disclosure.**

Pursuant to Revised Code of Washington (RCW) 43.43.830-.845, organizations providing services to children, developmentally disabled persons, and vulnerable adults may request background checks on prospective volunteers from the Washington State Patrol Identification and Criminal History Section. For the protection of volunteers, visitors and the museum, the Northwest Railway Museum routinely requests a background check on each prospective volunteer. The museum is required to notify each volunteer applicant of the Patrol's response.

**Please check YES or NO for each of the questions below. Then sign and date the form.  
Thank you!**

- | Yes                      | No                       | Have you ever been:  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | (a) convicted of any crime against children or other persons;<br><i>If yes, please explain:</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | (b) convicted of crimes relating to financial exploitation if the victim was a vulnerable adult;<br><i>If yes, please explain:</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | (c) convicted of crimes related to drugs as defined in RCW 43.43.830;<br><i>If yes, please explain:</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | (d) found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;<br><i>If yes, please explain:</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | (e) found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;<br><i>If yes, please explain:</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | (f) found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult; or<br><i>If yes, please explain:</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | (g) found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult.<br><i>If yes, please explain:</i>   |

I swear under penalty of perjury that the information provided on this sheet is true.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Birth name if different (please print)

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Previous married names (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please be prepared to show your driver's license. Thank you!*