

For Office Use Only—Do Not Write In This Space.

Fri Vol ___ / Sat Vol ___ / Sun Vol ___ / (# of Vol Coupons) ___ / Camp Spaces ___ / Weapon Course ___ / Fri N Potluck ___ Guests ___ /
Sat Vol Din ___ Guests ___ Paid \$5.00 each ___ / Children 5 & under ___ / Schedule sent ___ / Special Parking ___ / Car Pass: ___

JULY 21-22, 2018 BANNACK DAY'S ... FWP WORKER APPLICATION

*****(Please fill out a separate form for each person volunteering)**

PLEASE PRINT CLEARLY!

FIRST NAME _____ LAST NAME _____

REGIONAL ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: (Work) _____ (Home) _____ (Cell) _____

E-MAIL: _____

PLEASE STATE TIMES YOU ARE AVAILABLE EACH DAY. (MIN 4 HOURS PER DAY)
VOLUNTEERS ARE NEEDED BOTH DAYS FROM 9:00 A.M. TO 5:00 P.M.

YES I'LL VOLUNTEER SATURDAY _____ TIMES: _____
YES I'LL VOLUNTEER SUNDAY _____ TIMES: _____

I am interested in volunteering in: (Please check all appropriate boxes with your **1st**, **2nd**, and **3rd** choices.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Wherever needed*** | <input type="checkbox"/> Drive Shuttle Van | <input type="checkbox"/> Direct Traffic at Intersection |
| <input type="checkbox"/> Park Vehicles | <input type="checkbox"/> Front Entrance Gate | <input type="checkbox"/> Assist with Candles |
| <input type="checkbox"/> Assist on back Model AA | <input type="checkbox"/> Assist on back of Wagon | <input type="checkbox"/> Drive Model AA |
| <input type="checkbox"/> Assist with Gold Panning | <input type="checkbox"/> Setup Saturday AM | <input type="checkbox"/> Take down Sunday after 4:30 PM |
| <input type="checkbox"/> Other (please list what) _____ | | |

Have you volunteered at Bannack Days before? Yes ___ No ___ What Year? ___ If so, doing what? _____

Will you need a camp space at Bannack? YES ___ NO ___ # of Persons camping in your group _____

Please list names of all camping with you _____

Check one: **Camp space 1:** ___RV___Pull trailer___5th Wheel ___Tent / **Space 2:** ___RV___ Pull Trailer___ 5th Wheel ___Tent

Do you carry a period weapon? ___YES ___NO (Must annually complete Period Weapon Safety Course—No Exceptions!)

Will you be attending the **Friday night potluck**? YES ___NO ___ / How many **guests (not vol)** do you have attending? ___

SATURDAY VOLUNTEER DINNER--(Please! Preregister by June 15TH)

Will you be attending the **Saturday night volunteer dinner**? YES ___NO ___ (Please NO Maybes!—Blanks are a NO)

***All guest Tickets (Non Volunteers) are \$5.00 & must be paid for at this time—non refundable** / I Need ___ guest tickets. Names: _____

(Please make check out to "Bannack Association"—All tickets after June 15TH will be \$10.00 if available)

(Children 5 & under are free but need to be listed) Child's name & age: _____

Signature _____ Date _____

Please return this form by June 15, 2018

To: Bannack State Park / 4200 Bannack Road / Dillon, Montana 59725 / 406-834-3413

PLEASE FILL OUT PHOTO RELEASE FORM