

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 20-21, 2019 BANNACK DAYS GENERAL VOLUNTEER APPLICATION

***** (Please fill out a separate form for each person volunteering) (Must be 13 to 17 with parent)**

Note: All blank spaces are considered a no

PLEASE PRINT CLEARLY!

FIRST NAME _____ LAST NAME _____ AGE (IF UNDER 18) _____
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.)

- Assist with Candles Assist in Dale Tash Booth Setup **Saturday AM**
- Assist with Gold Panning Drive Model AA (**18 or older**) Take down **Sunday after 4:30 PM**
- Assist on back Model AA Direct Traffic at Intersection Park Vehicles
- Assist on back of Wagon Front Entrance Gate Wherever need
- Other (please list what) _____

Have you volunteered for Bannack Day's 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 ___ (limit 10)

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!)

Due to a disability will you need accessible parking? YES ___ NO ___

Do you need a car pass? (1 per family, and not for non-participants) YES ___ NO ___

Will you be attending the **Friday night potluck**? YES ___ NO ___ / How many **guests (not vol)** do you have attending? ___

SATURDAY VOLUNTEER DINNER--(Must preregister by April 1st No Exceptions—See Policy)

Will you be attending the **Saturday night volunteer dinner**? YES ___ NO ___ (Please NO Maybe!)

***All guest Tickets (Non-Participant) 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 April 1 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 April 1, 2019

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