

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 ___ / Ent Pass: ___

JULY 18-19, 2020 BANNACK DAYS GENERAL VOLUNTEER APPLICATION

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

(Kids must be 12 to 17 with parent to volunteer)

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.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Assist with Candles | <input type="checkbox"/> Assist in Dale Tash Booth | <input type="checkbox"/> Setup Saturday AM |
| <input type="checkbox"/> Assist with Gold Panning | <input type="checkbox"/> Drive Model AA (18 or older) | <input type="checkbox"/> Take down Sunday after 4:30 PM |
| <input type="checkbox"/> Assist on back Model AA | <input type="checkbox"/> Direct Traffic at Intersection | <input type="checkbox"/> Park Vehicles |
| <input type="checkbox"/> Assist on back of Wagon | <input type="checkbox"/> Front Entrance Gate | <input type="checkbox"/> Wherever need |
| <input type="checkbox"/> 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? (Participants only) YES ___ NO ___ # camping in your group ___ (limit is 1 RV campsites or 1 tent site. **NOTE: all guest will be required to pay the daily entrance fee.**

Please list names of all camping with you, including guest _____

Check one: **Camp space 1:** ___ RV ___ Pull trailer ___ 5th Wheel ___ Tent / **Space 2:** ___ RV ___ Pull Trailer ___ 5th Wheel ___ Tent
Please note that all guest (not volunteering) will have to pay the event fee per day.

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

Will you be attending the Free **Saturday night volunteer/participant 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, 2020

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