



Chehalis – Centralia Railroad & Museum
VOLUNTEER SERVICE FORM
(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: _____ Cell: _____

Birth date: _____ State DL/ID # _____
(This information is required for CCR&M insurance)

Allergies: _____ Other: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Prior railroad experience: _____

Please indicate your usual availability

	AM	PM	EVENINGS	HOLIDAYS
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Chehalis – Centralia Railroad & Museum (Mailing address) PO Box 1680 Chehalis, WA, 98532	Chehalis – Centralia Railroad & Museum (Physical address) 1101 Sylvanus Street, Chehalis, WA 98532 Telephone: (360) 748-9593
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Please indicate on a scale of 1 to 10 (10 is high), your interest, talent or experience in the following areas, choose as many as applicable:

Category	Notes	Rank
Mechanical		
Electrician		
Heavy equipment operation		
Heavy equipment repair		
Railroad car maintenance		
Welding		
Machinist		
Safety		
Events		
Planning		
Decorating		
Acting and entertainment		
Volunteer coordination		
Food service		
Traffic and parking control		
Set up/clean up		
Skills		
Carpentry		
Plumbing		
Painting- interior or exterior		
Landscaping- mowing-vegetation control		
Computer and IT		
Train Crew:		
Brakeman		
Conductor		
Fireman		
Engineer		

Category	Notes	Rank
Marketing and Promotion		
Social media		
Graphic design		
Sales		
Enewsletter		
Photography		
Videography		
Fundraising		
Sponsorship		
Grant writing		
Legal support		
Gift Shop and Ticketing		
Reservations and Ticket Sales		
Housekeeping		
Phone and Email Support		
Office Assistant		
Writing and Speaking		
Merchandising		
Other:		
Fire Safety		
Traffic Control		
Track maintenance		
Rail tie maintenance		
Recycling		
Working with Youth		

Please describe your interest and experience in the areas you checked above or tell us if there is anything else you would like us to know:

*This form will be kept on file at the CCR&M office. The information will not be shared with anyone outside of CCRM other than medical personnel called to treat you or insurance claims representatives.

We will keep you informed of work details, projects, and activities that you may want to participate in through email. If you do not use email, please let us know. Thank you for your interest in preserving railroad history. It is only through the efforts of our volunteers that we are able to ensure our railroad continues for the future.

All volunteers are subject to background checks. The board reserves the right to waive background checks when applicable.