Manitou Springs Historical Society

Volunteer Application

Please join us and help keep Miramont Castle, and Manitou Springs' history alive! Your volunteer efforts go directly to helping the Manitou Springs Historical Society, a 501(c)3 nonprofit organization with the restoration, maintenance, and development of our Tours, Tea Room, Gift Shop, special events, and staff that keep us going. We truly value your contribution, and look forward to working with you!

Type or print your answers, except where a signature is required.

Name:			Tod	ay's Date	e:	J	J
Address:							
City:							
Phone: ()		Email:					
Birthday:/	/ Ar	e you <u>under</u> 18 ye	ears of age	? Yes:	No:_		
Emergency Contact Nam	•						
Emergency Contact Phor				_			
Primary Language:		Secondai	y Language	e:			
Have you volunteered be	efore? Yes:	No: If yes, v	what year(s	s)?			
Location(s) of Volunteer	ing:						
Two references:							
Reason for Volunteering	: Just for fun!:					_ · (please	explain):
Availability:			Please	Indicate	<u>:</u> :		
Weekdays: Morning:	Afternoon:	Evening:	_ Mon	Tues	Wed	Thurs	Fri
Weekends: Morning:							

Please indicate your a	rea(s) of interest:			
Gift Shop:	Tour Guide:	Front Desk:	_ House	keeping:
Archiving:	Artifact Restoration:	Special Ev	/ents:	Gardening:
Other (Please Explain)):			
How did you hear abo	ut us?: Website: Fi	riend: Work:	Prior Know	ledge:
Facebook: Atter	nded a Special Event:	Other (Please		
explain):				
Are you currently emp	oloyed?: Yes: No: _	If yes,		
where?:				
Your title:		Supervisor Nam	e:	
If no, please explain (r	etired, student, unemplo	yed, etc):		
Authorization for Back	ground Check:			
As an applicant for a v	olunteer position at Mira	mont Castle Museum,	I realize that	l may undergo a
$thorough\ background$	check to protect the safe	ty of Miramont, its vis	itors, voluntee	ers, and staff. I hereby
authorize the release	of information relating to	my driving record, cri	minal history,	and any additional
specific information re	elating to the position tha	it I am applying for, un	less restricted	by law. This
authorization is made	voluntarily, and for the p	urpose of my voluntee	ering only, and	I information should
be given only in respon	nse to an authorized requ	uest from Miramont Ca	astle Museum.	
Printed Name (first, m	iddle, last):			
Social Security	/ Number:	D	oate:/	
:	Signature:			
Liability Release Form				
	ume all responsibility for	my own safety and in	surance cover	age while I volunteer
	useum, and that I must p			
	to the conditions stated a			
-	iddle, last):		_	
Signature:			Date:/	/
	rmation given in this Volu			_
•	stand that this information	•		
	e the organization from a I will not be paid for my			
Signature:			Date: /	,
Dlosso omail to mire	montesstle@yahoo.com	for to (710) 60F 100F	E or mail to 0	Conital Hill Avenue

Please email to <u>miramontcastle@yahoo.com</u>, fax to (719) 685-1985, or mail to 9 Capitol Hill Avenue, Manitou Springs, CO, 80829. Thank you for your support!