

Zanesville & Western Scenic Railroad

PO Box 32, East Fultonham, OH 43735

Yearly Operational Application

For adult voting members and regular volunteers

Name _____ Date: _____ Calendar Year: _____

Current ID # _____ - _____ New Application Renewal Information Change

Only list for renewal, info, or membership change

Date of Birth _____ (mm/dd/yyyy) T-Shirt Size _____

Contact Number _____ E-mail _____

Mailing Address _____

Emergency Contact Name, Number & Relationship _____

Are there any emergency or health issues we should be aware of? YES NO

(If yes, write specific details on back. This information will only be accessed in the case of an emergency or accident.)

Individual Membership (\$30)

Make checks payable to "Zanesville and Western Scenic Railroad".

Additional Sustaining Gift: \$ _____

Beat the tax man and write this amount off April 15th!

- Areas of interest:
- Track Maintenance
 - Restoration
 - Bridge and Buildings
 - Mechanical
 - Train Operation
 - Station
 - Historical Archives
 - Publicity/Advertising
 - Business Management
 - Legal
 - Education and Safety
 - Computer / Web
 - Grants and Donations
 - Sales / "Front Desk"
 - Other _____

Related skills and experience: _____

How did you hear about us? _____

When are you most available for volunteer opportunities?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings	<input type="checkbox"/> mornings
<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons
<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings	<input type="checkbox"/> evenings

I, _____, hereby acknowledge the potential of injury or death posed by my activities and the activities of others on or in close proximity to railroad property and agree to conduct myself and operate rail equipment in a safe and responsible manner in accordance with all rules, restrictions, and regulations governing the operation of said equipment. This includes, but is not limited to, all Federal, State, Local, and Organizational rules and laws, and special issues rules, regulations, and restrictions. While on property owned, leased, or used by the organization, or when conducting business on behalf of the organization, I will have my signed membership ID in my possession. I understand my membership may be terminated if I violate the rules, regulations, restrictions, or special requests pending an investigation of the officers or board of directors. I acknowledge that my affiliation with the organization does not give me any rights to use the property, buildings, tracks, trails, or other tangible or intangible property at any time, rather only upon majority approval of the board of directors or officers. **I agree to hold the Zanesville and Western Scenic Railroad, its Officers, Directors, Members, and Guests harmless and without blame in the event of an accident or activity causing injury, death, damage, or other loss to myself, passengers, or property while attending any Zanesville and Western Scenic Railroad activity or on property owned, leased, or used by the Zanesville and Western Scenic Railroad.** Failure to sign this legal agreement or any new agreement that may be agreed on by the majority of the officers or board of directors will result in loss of my membership rights and forfeiture of any and all paid fees. I sign this form agreeing to these stipulations for myself and any minor members of my family. All persons 18 years of age and older must sign this form who are requesting membership rights. Failure to have this form completed and on file with the organization will cause the authorization to be invalid and all rights will be suspended until the form is signed and updated. I agree to return all organization property, including my ID badge, when I leave the organization, decline to renew my membership, or within 1 month of becoming an inactive member. I understand the organization is a private organization and membership decisions are made through majority approval by the board of directors or membership committee.

Adult Signature

Printed Name

Witnessing Officer or Director

Printed Name