



Become a volunteer

Have you ever wished that you could work on the railroad? Here's your chance! We have openings for people who want to preserve our railroad heritage. As a member volunteer of the Iowa Railroad Historical Society, you can be a part of one of the most popular historical museums in Iowa. Become an engineer, conductor, brakeman, or help in the gift shop, snack bar, or sell tickets. There are lots of FUN things to do as a Boone & Scenic Valley Railroad volunteer. Complete the contact information on this form, and get started running your own railroad.

Membership

Become a member of the Iowa Railroad Historical Society, and help us save our railroad heritage. Many new and exciting projects are in store, but they all take the financial and volunteer support of our membership. Our Spike level supporters are recognized each year with a plaque in the depot showing the different levels of giving as shown below:

REGULAR MEMBERSHIP: \$25.00 to \$124.00
BRONZE SPIKE: \$125.00 to \$274.00
SILVER SPIKE: \$275.00 to \$524.00

GOLD SPIKE: \$525.00 to \$1024.00
PLATINUM SPIKE: \$1025.00 and up

All membership levels entitle you to: one coach pass on any regularly scheduled Boone & Scenic Valley train, the society newsletter, and the opportunity to vote on society issues. The Iowa Railroad Historical Society is a non-profit 501C3 tax-exempt corporation and as such, donations may be tax deductible. Please complete this form and **return the entire sheet**.

Please make checks payable to "IRHS" and mail to: Iowa Railroad Historical Society, P.O. Box 603, Boone, IA 50036

<input type="checkbox"/> Platinum Spike <input type="checkbox"/> Gold Spike <input type="checkbox"/> Silver Spike <input type="checkbox"/> Bronze Spike <input type="checkbox"/> Regular Membership (new or renewal)	PLEASE PRINT	<input type="checkbox"/> Please send me information on becoming a BSVRR volunteer
	Date _____ E-mail _____	
	Donation Amount \$ _____	<input type="checkbox"/> Joint Membership <input type="checkbox"/> Individual Membership(s) (One mailing-one vote) (Separate mailings-separate votes)
	Name _____ <small>(As you would like it to appear on your membership card)</small>	
	Address _____	
	City _____ State _____ Zip _____	
	Daytime Phone (_____) _____ - _____ Alternate Phone (_____) _____ - _____	
	Entered _____	Security Code _____ Signature _____ <small>(Last 3 numbers on the back of your card)</small>
	Other _____	Designate to specific fund(s)? _____
	<div style="background-color: #cccccc; padding: 2px;">Office Use Only</div> Date Rec'd _____ Check # _____ Card Mailed _____ Entered _____ M _____ D _____ Letter sent _____	

Iowa Railroad Historical Society
 Iowa Railway Museum • Museum Gift Shop • East End Electric Traction Company
 225 10th St. • P.O. Box 603 • Boone, IA 50036
 515-432-4249 • Fax 515-432-4253 • www.bsvrr.com • info@bsvrr.com



VOLUNTEER SERVICES FORM

PLEASE PRINT CLEARLY

Thank you for your interest in the Iowa Railroad Historical Society. This volunteer services form will be kept on file at our office. A department head will contact you about scheduling your training.

CIRCLE AREAS OF INTEREST TO YOU:

DAYS AND TIMES AVAILABLE:

- | | | | | | |
|---|----------------------|-----------------------|---------------|---------------|-------------------|
| (1) Tickets | (2) Gift Shop | (3) Tour Guide | (4) Snack Bar | (1) Monday | _____ until _____ |
| (5) Diner Set-up | (6) Information Desk | (7) Office Assistance | | (2) Tuesday | _____ until _____ |
| (8) Maintenance of Way (track work, brush clearing) | | | | (3) Wednesday | _____ until _____ |
| (9) Car Restoration (non-mechanical, painting, cleaning) | | | | (4) Thursday | _____ until _____ |
| (10) Train Crew (Brakeman, Fireman, Engineer, Conductor, Motorman) | | | | (5) Friday | _____ until _____ |
| (11) Special Events (Day Out With Thomas, Santa Express, Pumpkin Express) | | | | (6) Saturday | _____ until _____ |
| | | | | (7) Sunday | _____ until _____ |

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ - _____ WORK PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____ E-MAIL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ -- _____ -- _____
 (DATE OF BIRTH AND SOCIAL SECURITY NUMBER REQUIRED FOR BACKGROUND CHECK)

DRIVER'S LICENCE #: _____ STATE: _____ EXPIRES: _____

CORRECTIVE LENSES? YES / NO HEARING RESTRICTED? YES / NO

HEIGHT: _____ WEIGHT: _____ EYES: _____

EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ - _____

SIGNATURE: _____ DATE: _____

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