**Illinois Department of Labor** 524 S 2nd S Springfield, Illinois 62701 Tel # (217) 782-9347 • Fax # (217) 782-0596

## 2025 Volunteer/Staff Roster

(Keep this form on site with ride or attraction for inspection)

A "VOLUNTEER" is defined as a person who operates or assists in the operation of an amusement ride or amusement attraction for an owner or operator without pay or lodging. An individual shall not be considered a volunteer if the individual is otherwise employed by the same owner or operator to perform the same type of service as those for which the individual proposes to volunteer.

Company (Owner's) Name:       Event Address:         Event Name:	Amusement Company Information			
Event City:	Company (Owner's) Name:		Event Address:	
Event City:			—	
Signature of Owner:	Event Name:			
Signature of Owner:				
Image: Signed in the information of the statements made herein are true, correct and completed:       Image: Signed information         Image: Signet information in the information provided and the statements made herein are true, correct and completed:       Image: Signet information	Event City:			
Image: Signed in the information of the statements made herein are true, correct and completed:       Image: Signed information         Image: Signet information in the information provided and the statements made herein are true, correct and completed:       Image: Signet information	Signature of Owner:			
Signature of Non-Profit Corporation Officer:			(Date Signed)	
Signature of Non-Profit Corporation Officer:	Productored Name of Nen Brefit Organization (if a	anlicable):		
Image: Control of the answerned ride and/or amusement attraction.         NOTE TO OWNERS: Owners of amusement rides and/or amusement attractions must maintain this completed form on site at all times the volunteer is working. The owner shall maintain the volunteer roster for a minimum of one year following the event. An owner shall provide this completed form on site may result in amusement rides and/or amusement attractions not being allowed to operate.         Volunteer Last Name:       Volunteer Information         Volunteer last Name:       Pate Completed:         (Signature of Volunteer)       (Date Signed)         Volunteer Last Name:       First Name:         (Signature of Volunteer)       (Date Signed)         Volunteer Last Name:       First Name:         (Signature of Volunteer)       (Date Signed)         Volunteer Last Name:       First Name:         (Signature of Volunteer)       (Date Signed)         Volunteer Last Name:       I affirm and certify that the information provided and the statements made herein are true, correct and complete.         (Signature of Volunteer)       (Date Signed)         Volunteer Information       Volunteer Information         Volunteer Last Name:       Middle Name:         Training Completed:	Registered Name of Non-Profit Organization (if a			
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Training Completed:				
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Volunteer Information         Volunteer Last Name:       Middle Name:         Training Completed:				
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Training Completed:		Date Completed:
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