

(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.

Amusement Company Information

Company (Owner's) Name: _____

Event Address:

Event Name: _____

Event City: _____

Signature of Owner: _____

(Date Signed)

Registered Name of Non-Profit Organization (if applicable): _____

Signature of Non-Profit Corporation Officer: _____

(Date Signed)

By signing above, **I affirm and certify** that the individuals listed are volunteers over the age of 16 and have been trained in the safe operation of the amusement 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 to the Department upon inspection or request. Failure to have the completed form on site may result in amusement rides and/or amusement attractions not being allowed to operate.

Volunteer Information

Volunteer Last Name: _____ First Name: _____ Middle Name: _____

Training Completed: _____ Date Completed: _____

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 Last Name: _____ First Name: _____ Middle Name: _____

Training Completed: _____ Date Completed: _____

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 Last Name: _____ First Name: _____ Middle Name: _____

Training Completed: _____ Date Completed: _____

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(Signature of Volunteer)

(Date Signed)

Volunteer Information

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Training Completed: _____ Date Completed: _____

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(Signature of Volunteer)

(Date Signed)

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(Signature of Volunteer)

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(Date Signed)