



Membership Application

Contact Information

Name	
Employer/Occupation	
Home Address	
City State Zip	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Availability

Are you available during the entire 4th of July weekend?

Are you willing and able to take time off work to help during our Rodeo?

Are you willing to forgo all other obligations during our Rodeo?

Are you willing and able to commit to attending meetings each month?

Would you have the time, desire and commitment to our Association?

During which hours are you **not** available for volunteer assignments during the year?

Weekday mornings Weekend mornings

Weekday afternoons Weekend afternoons

Weekday evenings Weekend evenings

Interests

Tell us which committee assignments you would like to be on if given the opportunity.

Arena Prep

Clean up

Events

Fundraising

Parking

Queen and Court

Tickets

Usher

Other, please describe:

Special Skills or Qualifications

Summarize special skills, talents, trades, expertise and qualifications (such as woodworking, welding, electrical, advertising, grant writing, etc.) you have acquired that may be of use to the Association.

Previous Volunteer Experience

Summarize your previous volunteer experience. Please include any leadership positions you have held and any clubs or organizations you belong to.

Previous Rodeo/Livestock Experience

Summarize your previous rodeo/livestock experience. Do you feel comfortable around livestock/horses? Do you own or have access to a horse? This is not a requirement to be a Member.

Membership

Please summarize the reasons why you would like to be considered as a member of the Association.

Additional Information

If you need additional space to answer any of the questions, please use the back of the application

Have you ever been convicted of a crime?	Yes	No
Members are required to purchase their own Buckeroo shirts for around \$50 each and pay yearly membership dues of \$20. Would this be a financial hardship for you?	Yes	No
Is there any fact or circumstance involving you or your background that would call into question your being entrusted with supervision or guidance of other people?	Yes	No
Do you have any medical restrictions that might prevent you from performing various duties such as lifting heavy objects, hay fever allergies, etc.?	Yes	No
Are there any conflicts of interest that you know of that the Association will need to know about?	Yes	No

Person to Notify in Case of Emergency

Name	
Street Address	
City State Zip	
Home Phone	
Work and Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that my services to the Molalla Buckeroo Association are on a voluntary basis and I am not entitled to nor shall I receive any compensation. The information provided may be verified, if necessary, by contacting persons or organizations named in this application. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Molalla Buckeroo Association, the officers, and volunteers thereof.

Name (printed)			
Signature			
Date			
Sponsoring Member/Director			
For office use	<i>Date Rec'd:</i>	<i>Given Bylaws & Rules:</i>	
<i>Approval Date:</i>	<i>Committee:</i>	<i>Added to Roster:</i>	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.