

VOLUNTEER ROSTER

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 NAME: (who owns the ride or attraction)	
SHOW/EVENT NAME:	
EVENT ADDRESS:	
EVENT CITY:	
DATE:	
SIGNATURE OF OWNER OR AGENT: (This form must be signed by an authorized agent of the company.)	
REGISTERED NAME OF NON-PROFIT ORGANIZATION (if applicable):	
SIGNATURE OF NON-PROFIT CORPORATION OFFICER:	

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.

VOLUNTEER INFORMATION (completed by the volunteer)

VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

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.

IL452-CARSA-10-23-09

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VOLUNTEER INFORMATION (completed by the volunteer)

VOLUNTEER NAME:
(Last name, First name, Middle Initial)

TRAINING COMPLETED:

Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.

DATE:

SIGNATURE OF VOLUNTEER:

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

VOLUNTEER INFORMATION (completed by the volunteer)

VOLUNTEER NAME:
(Last name, First name, Middle Initial)

TRAINING COMPLETED:

Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.

DATE:

SIGNATURE OF VOLUNTEER:

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VOLUNTEER INFORMATION (completed by the volunteer)

VOLUNTEER NAME:
(Last name, First name, Middle Initial)

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VOLUNTEER INFORMATION (completed by the volunteer)

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