

**VOLUNTEER and CREW APPLICATION FORM\* (One per applicant)**

<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Crew

Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am interested in volunteering/working (circle one) for the \_\_\_\_\_ project (Please indicate the project in which you wish to participate), between \_\_\_\_\_ month \_\_\_\_\_ day and \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Volunteers are asked to participate for at least five days. If you wish to volunteer for multiple projects please copy this form and fill out a separate form for each project.

Will you need transportation from Laramie to the field site? Y\_\_\_\_\_ N\_\_\_\_\_

Do you have medical insurance? Y\_\_\_\_\_ N\_\_\_\_\_

Do you have any medical problems we should be aware of? Y\_\_\_\_\_ N\_\_\_\_\_

We may be in some isolated places without access to emergency services and it is critical for us to plan as much as possible; please describe your medical problems below:

If you have an expected medical condition that might require immediate treatment (for example allergic reaction to bees), please describe in detail below and on the back of this sheet what we need to do:

Would you be willing to pay \$15/day for the time you spent as a volunteer to help support this project? Y\_\_\_\_\_ N\_\_\_\_\_

\* This application form is required for your participation in the project.

Please complete and mail it to:

George C. Frison Institute  
Department of Anthropology  
University of Wyoming  
Dept. 3431, 1000 E. University  
Laramie, WY 82071-3431

or submit by email to: Jacqueline Hauptman (jhauptma@uwyo.edu)

Volunteers: Please mail this form at least two weeks before the beginning of any project you wish to work on.

By submitting this form you authorize the University of Wyoming, its agents, successors, and assigns, to use and reproduce photograph(s) in which you appear in official UW publications, and I waive any right that I may have to inspect and approve said photograph (or any copy that may be used in connection therewith) or to receive compensation for the use of said photograph.

Because you may have to drive a University vehicle in an emergency we strongly recommend that you acquire an ADDITIONAL USE OF NON-OWNED VEHICLE COVERAGE from your automobile insurance carrier.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_