

Rose Island Lighthouse Foundation

Keeper Application Form (updated 10/05)

| | | | |
|--|---|----------------------------|---|
| Application Date: | | | |
| Primary Contact Person: Legal name, nick name and age | | | |
| 1. | | | |
| Primary Contact's Address | Street/ PO Box | | |
| | City State Zip | | |
| Phones | Home | | |
| | Work | | |
| | Cell | | |
| Email | | | |
| Name or nickname and ages of all <u>other</u> keepers in party. Indicate relationship to contact person or each other (married, partner, son, daughter, aunt, etc.) Health concerns (asthma, diabetes, hearing aid, pregnant, obese, recent surgery, smoker, etc.) | <u>Name / Age</u> | <u>Relationship</u> | <u>Health Concerns / Smoker?</u> |
| | 2. | 2. | 2. |
| | 3. | 3. | 3. |
| | 4. | 4. | 4. |
| | 5. | 5. | 5. |
| | 6. | 6. | 6. |
| Total number of keepers | _____ Adults _____ Children (under 18 yrs.) = _____ Total | | |
| Person to notify in case of emergency | Name / Relationship: | | Phone: |
| Health / Accident Insurance Carrier | | | |
| List weeks in order of preference. Call to make your reservation, then send your application to complete the process. | List desired weeks in order of preference | Full Time Keeper* | Vacationing Keeper |
| | 1. _____ | _____ | _____ |
| | 2. _____ | _____ | _____ |
| | 3. _____ | _____ | _____ |
| | 4. _____ | _____ | _____ |
| <p>*Full Time Keepers can deduct expenses as a charitable contribution by working 6-8 hours per day. We will work with you to plan projects that make the best use of your skills and our needs (indicate skills for each person in your party below). You will document your "tour of duty" with before-and-after photos, plus log book entries. Make copies for yourself and for us. When we receive our copy, we will acknowledge your program fee as a tax-deductible contribution. See IRS Publication 526.</p> | | | |

| Skills & Experience Write each person's name on the top line and indicate their skill level in the column opposite each skill 0 = No skill or interest 1 = Willing to learn 2 = Beginner 3 = Pretty good 4 = Professional | KEEPER NAME | 1. | 2. | 3. | 4. | 5. | 6. |
|--|--|----|----|----|----|----|----|
| | Carpentry Roofing Masonry Painting Welding Gardening Tree work Cleaning Retail Sales Tour Guide Sewing Civil Engineering Good Helper | | | | | | |
| Other skills & remarks: Do you own your own house? Not afraid to get dirty? Do windows? Ok on ladders? Have you been a keeper or stayed overnight before? | | | | | | | |

Please send by US Mail, or Fax to:

Rose Island Lighthouse Foundation
P.O. Box 1419
Newport, RI 02840

Phone: 401-847-4242
Fax: 401-847-7262