



## Haney Farmers Market Volunteer Application

### Contact Information

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

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

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you a member of the Haney Farmers Market Society? \_\_\_\_\_

### Emergency Contact Information

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Parental Consent

We value our youth volunteers. If you are under the age of 16 years, please have your parent or guardian sign this form.

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

Signature: \_\_\_\_\_

### Areas of Interest:

#### **Market Day Volunteer:**

- Set up or Take Down
- Information Booth
- Ambassador
- Children's Tent Volunteer

#### **Other:**

- Marketing and Promotion
- Administration

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **For Office Use Only**

Start date:

Position: