



# Central Wisconsin State Fair Volunteer Application

Full Name (first, middle initial, last): \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

What event are you volunteering for? \_\_\_\_\_

**Positions applying for.** Circle all that apply

Event set-up  
Tasks will vary

Event tear-down  
Tasks will vary

Stage set-up

Stage tear-down

Grandstand Gates

Garbage Crew

Ticket Booth

First Aide

Maintenance Crew

Other: \_\_\_\_\_

Shirt size: \_\_\_\_\_ Will you need a written letter confirming your volunteer hours? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, please explain on a separate piece of paper and include it with this application.

Will you be age 18+ on or before August 1<sup>st</sup>, 2019? \_\_\_\_\_

If no, a parent or legal guardian must sign this form.

I give my permission for the minor listed on this form to perform the volunteer work that is described in this application.

Event Availability: Please list all days and times you or your group are available. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered for the Central Wisconsin State Fairgrounds before? \_\_\_\_\_

If so, when and in what departments/events? \_\_\_\_\_

\_\_\_\_\_

**Please fill out the back of this application fully.**

**References:**

*References cannot be family members. We require 3 different references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

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Phone Number: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

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**Group Information (if applicable)**

Please also fill out the above portion of this form

**Group / Organization Name:** \_\_\_\_\_

**Number of volunteers age 18+:** \_\_\_\_\_ **Number of volunteers age 16 – 17:** \_\_\_\_\_

*Each minor with your group will need a separate signed application.*

**Please list the names of all volunteers with your group below. (First, middle init, last are required)**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Parent/Guardian’s Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian’s Signature:** \_\_\_\_\_

**Volunteer’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applications can be returned to the following:**

Central Wisconsin State Fair  
513 E. 17<sup>th</sup> St, Marshfield, WI 54449  
Phone: 715-387-1261  
Email: [ashlee.cwsf@gmail.com](mailto:ashlee.cwsf@gmail.com)