



2016 Glenn County Fair VOLUNTEER APPLICATION

P.O. Box 667 ♦ 221 E. Yolo St., Orland, CA 95963
Phone: 530/865-1168 ♦ Fax 530/865-1197
Visit our Website: www.glenncountyfair.org
Email: glenncountyfair@gmail.com

Please complete ALL of the following information so that fair personnel may contact you and get all necessary information to you on a timely basis. The Fair is committed to producing a quality event for the community and relies heavily on volunteers. The Fair is also committed to making your volunteer experience a good one. In return, we hope you will make the same commitment to the community and your fellow volunteers by reporting to work at your scheduled time. All volunteers must complete the form. PLEASE PRINT LEGIBLY.

Name _____

Address _____

City, State, Zip _____

Work Phone _____ Home Phone _____ Email _____

Are you at least 16 years old? Yes No (Optional) Male Female
Have you worked previously as a Fair volunteer? Yes No

If yes, when and in what area? _____

Please indicate any physical limitations you may have: _____

Are you associated with an organized volunteer group: Yes No

If so, please list your group's name: _____

Person to contact in case of emergency: _____

Name _____ Relationship _____

Ability to Volunteer:

Times vary from 8:00am – 11:30pm Daily)

Monday: _____ am to _____ pm to _____ pm
Tuesday: _____ am to _____ pm to _____ pm
Wednesday: _____ am to _____ pm to _____ pm
Thursday: _____ am to _____ pm to _____ pm
Friday: _____ am to _____ pm to _____ pm
Saturday: _____ am to _____ pm to _____ pm
Sunday: _____ am to _____ pm to _____ pm

Volunteer Areas:

Please mark the areas in which you are interested.

(A description of each area is on the back of this page)

_____ Admissions
_____ Information Booth
_____ Exhibit Buildings
_____ Other: _____

Insurance Waiver / Signature Required

I agree to waive any liability on the part of the Glenn County Fair by reason of any injury or damage sustained or incurred by me and I agree to hold Glenn County Fair free and harmless therefore. I further agree that my private insurance will be the only insurance coverage available to me.

Signature: _____ Date: _____
(Parent or Guardian Signature required if applicant is a minor.)

Signature: _____ Date: _____