|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Volunteer Information** | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | |  | | | |  |
| *Last* | | | | | | | | | | *First* | | | | *M.I.* |
| Address: | |  | | | | | | | | | | | |  |
|  | | | *Street Address* | | | | | | | | | | | *Apartment/Unit #* |
|  | |  | | | | | | | | | | |  |  |
|  | | | *City* | | | | | | | | | | *State* | *ZIP Code* |
| Home Phone: | | | | | ( ) | | | Email: | | | |  | | |
| |  |  |  |  | | --- | --- | --- | --- | | Emergency Contact: |  | Phone: |  | | | | | | | | | | | | | | | |
| **Volunteer Area of Interest** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| What would you like to volunteer for? | | | | | | | | | | | | | | |
|  | Opening/Closing the Market | | | | |  | Assisting with Events | |  | | Assisting with EBT/Bridge Card | | | |
|  | Children Activities | | | | |  | Market Safety Checks | |  | | Other | | | |
| List below any areas interested and skills which may relate to your area of volunteer interest: | | | | | | | | | | | | | | |
| **Military Service** | | | | | | | | | | | | | | |

Volunteer Age Group:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Teen (13-16) |  | Adult (17-64) |  | Senior (65+) |

Pervious Volunteer Experience:

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

I prefer the following hours:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1:00-3:00pm |  | 3:00-5:00pm |  | 5:00-7:00pm |
|  | 7:00-8:30pm |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Volunteer Agreement**

*In the event that I am selected to become a volunteer for the Milford Farmers’ Market, I agree to comply with all of its rules and regulations. I fully understand and agree to provide my services to the Milford Farmers’ Market as a volunteer in a voluntary capacity, and that I will receive no compensation or benefits for services provided.*

**By signing below, I agree that I understand and consent to the above statement:**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Signature: Date:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If volunteer are under 18, Signature of Parent/Guardian: Date: