|  |
| --- |
| **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: