



Great Falls' Original
Farmer's Market

(406) 761-3881
 PO Box 1986, Great Falls, MT 59403-1986
 gffm@farmersmarketgf.com

2016 Volunteer Application

PART A – CONTACT INFORMATION Please fill out in full.

Name		
Mailing Address		City, State, Zip Code
Phone	Fax	Email
Cell Phone		Website and/or Facebook Page
Emergency Contact		
Name	Phone Numbers	Relationship

PART B – PARTICIPATION DATES Please circle dates you plan to participate.

June	July		August		September	
<u>Saturdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>
June 4	July 2	July 13	Aug 6	Aug 3	Sep 3	Sep 7
June 11	July 9	July 20	Aug 13	Aug 10	Sep 10	Sep 14
June 18	July 16	July 27	Aug 20	Aug 17	Sep 17	Sep 21
June 25	July 23		Aug 27	Aug 24	Sep 24	
	July 30			Aug 31		

PART C – VOLUNTEER ACTIVITIES DESIRED

Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Set-up | <input type="checkbox"/> Special Events | <input type="checkbox"/> Marketing Team |
| <input type="checkbox"/> Tear-down | <input type="checkbox"/> Children's Activities | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Customer Assistance | <input type="checkbox"/> Information Table | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please describe): | | |

PART D – ADDITIONAL INFORMATION

- 1. Do you have previous volunteer experience? Yes No
- 2. If yes, where did you volunteer? _____

- 3. If yes, what were your duties? _____

- 4. What special training or skills do you have? _____

- 5. Are you required to register as a sex offender? Yes No
- 6. Have you been convicted of a felony? Yes No

PART E – VOLUNTEER AGREEMENT

- 1. I understand that execution of this Agreement does not guarantee my acceptance as a volunteer.
- 2. Volunteers are solely responsible for their personal possessions and conduct.
- 3. **I have read the “General Information” attached to this application and I agree to abide by all Regulations stated or as amended by the Great Falls’ Original Farmer’s Market.**
- 4. **Liability Release and Waiver of Claims:** I release the Great Falls’ Original Farmer’s Market and each of its officers, employees, agents, volunteer workers, directors, and representatives from any and all actions, causes of action, liability, claims, demands, costs, charges, and expenses my/our immediate families, estates, personal representatives, heirs and devisees might have arising from any damage, personal injury, suffering or death occurring from participation in the Great Falls’ Original Farmer’s Market.

My execution of this agreement is a lawful and voluntary act. By signing below I certify that I understand and agree to abide by the terms of this agreement.

Authorized Signature: _____

Date: _____