



Great Falls' Original
Farmer's Market

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

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 provide dates that you plan to participate. If you plan on participating on every Saturday or every Wednesday please circle that option, otherwise provide specific dates below.

June	All Saturdays	Dates:
July	All Saturdays All Wednesdays	Dates:
August	All Saturdays All Wednesdays	Dates:
September	All Saturdays	Dates:

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: _____