



POULSBO
FARMERS MARKET

2016 Volunteer Application

Poulsbo Farmers Market

Saturdays, 9am – 2pm

April 2 – December 17

Rachael Cleveland, Market Manager

360-779-6720

rachael@poulsbofarmersmarket.org

☐ New Volunteer

☐ Returning Volunteer

I am over the age of 18.

☐ Yes

☐ No (parent/guardian signature required)

Applicant full name: _____

Street Address: _____

City/ State/Zip: _____

Mailing Address (if different from above): _____

Email: _____

Cell #: _____ Home #: _____

Emergency Contact Name: _____

Emergency Contact #: _____ Relationship: _____

Availability:

- ☐ 7am – 9am Market Set-up – Help Manager, Market Assistant, and vendors in unloading of vehicles and setting up booths and seating
- ☐ 9am – 12:30pm Market Support – Work in the Market Booth or at an event booth
- ☐ 12:30pm – 2 pm Market Support – Work in the Market Booth or at event booth
- ☐ 2pm – 4pm Market Tear Down – Help Market Assistant and vendors take down booths, load vehicles, taking down signage, and cleanup
- ☐ Other: _____

Frequency

I would like to volunteer (circle one):

Weekly

Biweekly

Monthly

Special Occasions

Why would you like to volunteer at the Poulsbo Farmers Market?

What are your special interests and hobbies?

Liability Disclaimer:

I hereby release, indemnify, and hold harmless the Poulsbo Farmers Market (PFM), the City of Poulsbo, the agency at which I volunteer and the sponsors and supervisors of all activities from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with volunteer activities. I acknowledge that there are certain foreseeable and unforeseeable risks associated with participating as a PFM Volunteer. I expressly assume any and all risks associated with participating in any event or program, including, but not limited to, injury, illness, traveling to and from the event or program, and the effects of the weather, all such risks being understood and appreciated by me. I certify that I am in good health and able to participate in the event or program activities volunteered for.

Automobile Risk Release (18 and over only):

I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will provide PFM with a copy of my valid drivers' license, insurance, and registration. I release PFM of all risk associated with my actions as a volunteer driver for the market.

Communications Release:

I hereby assign the rights to any video and/or photographic recording(s) made of me while volunteering for an event of program of PFM or its collaborator(s). I hereby authorize the editing, duplication, reproduction, copyright, exhibition, broadcast and/or nonprofit use and distribution of said recording(s) for purposes deemed suitable by the PFM. I hereby waive any right to approve the finished products.

I certify that I am over eighteen years of age and am competent to enter into this release.

If I am not eighteen years of age, my parent or guardian has signed this release on my behalf, and agrees to all the stipulations set forth in this document. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof.

Signature of Applicant _____ Date _____

Guardian/Parent Signature _____ Date _____

(if applicant is under 18 years of age)

Submit this application to: Poulsbo Farmers Market, P.O Box 465, Poulsbo, WA 98370