| OFFICE USE  |  |
|-------------|--|
| Rec'd:      |  |
| Assgn: _    |  |
| Notified:   |  |
| Area Assgn: |  |
|             |  |
|             |  |

## **BLUE EARTH COUNTY FAIR**

July 20th - July 23rd, 2023

## **Volunteer Application**

Attn: Volunteer Coordinator

| Please print all i                                                                                                                           | information clearly.                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                            |                                                                                     |                                                                                    |                               |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| Name                                                                                                                                         |                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                            | Date of Birth                                                                       |                                                                                    |                               |                            |
| Mailing Address _                                                                                                                            |                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                            |                                                                                     |                                                                                    |                               |                            |
| City                                                                                                                                         |                                                                                                                                                                                                                                                                                       |                                                                                                                                              | State                                                                                                                      |                                                                                     | Zip                                                                                |                               |                            |
| Home Phone                                                                                                                                   |                                                                                                                                                                                                                                                                                       |                                                                                                                                              | Cell                                                                                                                       |                                                                                     |                                                                                    |                               |                            |
| Email Address                                                                                                                                |                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                            |                                                                                     |                                                                                    |                               |                            |
| Emergency Contact                                                                                                                            | Name                                                                                                                                                                                                                                                                                  |                                                                                                                                              | Cell                                                                                                                       |                                                                                     |                                                                                    |                               |                            |
| Doctor's Name Clinic Name                                                                                                                    |                                                                                                                                                                                                                                                                                       |                                                                                                                                              | Clinic Name/N                                                                                                              | me/Number                                                                           |                                                                                    |                               |                            |
| Do you have any m                                                                                                                            | edical restrictions?                                                                                                                                                                                                                                                                  |                                                                                                                                              |                                                                                                                            |                                                                                     |                                                                                    |                               |                            |
| YOU MUST                                                                                                                                     | BE AT LEAST 16 Y                                                                                                                                                                                                                                                                      | ARS OLD TO                                                                                                                                   | VOLUNTEER V                                                                                                                | MITHOU.                                                                             | ΓΡΔΡΕΝΤΔΙ                                                                          | SUPFRVI                       | SION                       |
| in length: morning sh plan on arriving to the fair is open to the pub  AREA INT  Inside Open Outside Parki Over 18 Must  ATTENTION: All area | rcle preferred area of intere<br>ifts starts between 8–11 ar<br>e volunteer check-in area 3<br>ilic.<br>TEREST<br>n Class Area, Horticultural Ar<br>ing, front gate, back gate, pit<br>t be over 18 to volunteer in t<br>s may or may not include t<br>ints, assisting public as need | n and ends 2–5 pm,<br>0 minutes before yo<br>ea, Commercial Build<br>gate, directing peop<br>hese areas: grandstal<br>the following: air col | and the afternoon sour shift starts. *Som<br>ling, School House, His<br>le, general gopher, cle<br>and events, ticket boot | shifts start be<br>ne departmen<br>storical Cabir<br>eanup/garbag<br>ch, Informatio | etween 1:30–3 pm<br>nts have early shift<br>ns, animal barns<br>ge team<br>n Booth | and finish 7–!<br>is 7am–12pm | 9 pm. Please<br>before the |
|                                                                                                                                              | IMES: Thursday (setup                                                                                                                                                                                                                                                                 |                                                                                                                                              | Saturday Sun                                                                                                               | •                                                                                   | •                                                                                  | •                             |                            |
| 8 am-                                                                                                                                        | -Noon10 ar                                                                                                                                                                                                                                                                            | n–2 pm                                                                                                                                       | Noon–4 pm                                                                                                                  |                                                                                     | 2 pm–6 pm                                                                          | 4 pn                          | n–8 pm                     |
| Statement of V                                                                                                                               | <b>/olunteer Commi</b><br>ge to:                                                                                                                                                                                                                                                      |                                                                                                                                              | _                                                                                                                          |                                                                                     | to Blue Earth Fa<br>ueearthco                                                      | _                             | _                          |

- Show up and volunteer when scheduled.
- Accept guidance from Association staff and Directors.
- Be courteous to fairgoers, Fair Directors, and Fair Association Staff.
- Attend the volunteer orientation. (You will be notified of the date via your email info above.)
- Familiarize oneself with the general locations of events and buildings on the fairgrounds.
- I give Blue Earth County Fair permission to use my photographic or video image for marketing purposes.

| • I understand that I am not eligible for t  | workmen's compensation. |  |  |  |  |
|----------------------------------------------|-------------------------|--|--|--|--|
| Signature                                    | Date                    |  |  |  |  |
| If under the age of 18— Parent/Guardian Name |                         |  |  |  |  |
| Signature                                    | Date                    |  |  |  |  |

Thank you for your interest in being part of the Blue Earth County Fair.