



## Goochland Farmers Market Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Day \_\_\_\_\_ Eve \_\_\_\_\_ Cell

Email: \_\_\_\_\_

Best way to contact you: \_\_\_ Phone (\_\_\_Day / \_\_\_Eve / \_\_\_Cell) \_\_\_Email \_\_\_Text

Briefly tell us about yourself and why you would like to volunteer with us:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_

Do you have any physical or medical issues that would preclude you from fulfilling any of the duties outline in the Volunteer Job Description? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_

I agree to arrive on time and to fulfill my volunteer duties to the best of my ability. I also agree that if I should not be able to volunteer on the date(s) I have specified, I will contact the Market Manager 48 hours prior to my scheduled date to inform her:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

For additional information, please contact our Executive Director by email: [ed@rvagriculture.org](mailto:ed@rvagriculture.org).  
Additional information can be found on [www.RVAgriculture.org](http://www.RVAgriculture.org).