



Farmers Market at Tavern 19 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.
Additional information can be found on www.RVAgriculture.org.