



Market Volunteer Application

Thank you for your interest in volunteering at the Camarillo Certified Farmers Market. Please complete and return this application to one of the Market Managers (at the market) or the Camarillo office (listed below). Your information is confidential and for this application only.

Name _____ Date of Birth _____

Address/City/ZIP _____

Home Phone _____ Mobile Phone _____

Emergency Contact

Name _____ Relationship _____

Address/City/ZIP _____

Home Phone _____ Mobile Phone _____

Personal References

Name _____ Relationship _____

Address/City/ZIP _____

Home Phone _____ Mobile Phone _____

Name _____ Relationship _____

Address/City/ZIP _____

Home Phone _____ Mobile Phone _____

Shift Preference

Time 7:00 to 10:00 am 10:00 am to 1:00 pm

Time of the month 1st 2nd 3rd 4th 5th Any

Are you interested in becoming a Market Manager? Yes No

Comments

I certify that the information is accurate and complete. I understand that false information will be sufficient cause for my application to be rejected and/or result in my dismissal as a volunteer.

Signature _____ Date _____

Livingston Memorial Visiting Nurse Association & Hospice: Grief & Bereavement Services
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