



## MARKET VOLUNTEER APPLICATION

Thank you for volunteering to be a Camarillo Certified Farmers Market volunteer. Your information will be kept confidential and is for the purposes of this application only. Please complete and return this application to one of the Market Managers or to the Camarillo office.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact (name, relationship, phone): \_\_\_\_\_

Personal Reference (name, relationship, phone): \_\_\_\_\_

Personal Reference (name, relationship, phone): \_\_\_\_\_

Which shift do you prefer:    \_\_\_ 7:00 to 10:00 AM    \_\_\_ 10:00 AM to 1:00 PM

Which Saturdays of the month:    \_\_\_ 1st    \_\_\_ 2nd    \_\_\_ 3rd    \_\_\_ 4th    \_\_\_ 5th

Are you interested in becoming a Market Manager?    \_\_\_ Yes    \_\_\_ No

Comments: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_