

Volunteer Contact Form



Volunteer Type: Board Member Superintendent of Division Other:

Personal Information

Full Name	
Mailing Address	
City, State, Zip Code	
E-mail address	
Phone Number	
Date of Birth	Required for insurance

Primary Emergency Contact

Name	
Relationship	
Phone Number	
Alternative Number	
Address	

Medical Information (This information is confidential and used only in case of emergency.)

Allergies/Condition	
Medication	

Volunteer Agreement:

- I, the undersigned, agree to volunteer my time and services at the Whatcom County Youth Fair. I understand and acknowledge the following:
- 1. **Voluntary Service:** My participation is voluntary, and I will not receive compensation.
 - 2. **Responsibilities:** I will perform my duties to the best of my ability, follow instructions from Fair staff, and adhere to all safety rules and policies.
 - 3. **Conduct:** I will act professionally, respectfully, and courteously toward all participants, staff, and fellow volunteers.
 - 4. **Health & Safety:** I am responsible for my own health and safety. I will report any accidents, injuries, or unsafe conditions immediately.
 - 5. **Media Release:** I consent to photographs or videos taken of me during Fair activities being used for promotional purposes unless otherwise noted.
 - 6. **Confidentiality:** I will respect the privacy of participants and maintain confidentiality of sensitive information.
 - 7. **Eligibility:** I affirm that I am free of any felony convictions or other charges that would prohibit my involvement with a youth nonprofit organization..
 - 8. **Termination:** I understand the Fair reserves the right to end my volunteer service at any time for any reason.

Acknowledgment:

By signing below, I agree to the terms outlined above and commit to serving as a volunteer to support the mission of the Whatcom County Youth Fair.

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Volunteer Signature

Date