



2019 Downtown DeWitt Farmers Market Volunteer Application



Contact Information

First Name Last Name

Address

City State Zip Code

Home Phone Cell Phone

Email Birthdate (month, day, and year)

Preferred method of contact: Text Email Call: home or cell

Have you been convicted of a felony? Yes No

Details for the Farmers Market

- **Tuesday evenings from June 4 - October 8**
 - **Set-Up Team shift 2:30-5:30 p.m.** Help setup barricades, signs, tents, tables, chairs, etc. Help direct Vendors & Community Partners to their stall assignments. If needed, help Vendors set-up tents and unload. Assist Musicians with unloading, if needed. Hand out Vendor packets. Welcome shoppers and visitors to the Market, answer basic questions at the information booth, and assist customers with shopping or loading, if needed. Hand out water to the Vendors, Community Partners, and Musicians. Conduct customer counts during the Market (at 4:20 and 5:20).
 - **Tear-Down Team shift 5:00-8:00 p.m.** Welcome shoppers and visitors to the Market, answer basic questions at the information booth, and assist customers with shopping or loading, if needed. Conduct customer counts (at 6:20). Remove barricades, signs, tents, tables, chairs, etc and place into the Market trailer. If needed, assist Vendors, Community Partners, and Musicians with loading. Pick up Vendor packets.

Availability

Set-Up Team Tear-Down Team No Preference

Preferred date(s) _____

Skills and Experience

Why would you like to volunteer at the Downtown DeWitt Farmers Market? _____

Please summarize previous volunteer work, special skills, qualifications, or other activities you believe will be helpful while volunteering with the Market. _____

Person to Notify in Case of Emergency

First Name

Last Name

Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Agreement & Signature

Please review the Volunteer Job Description for more details about volunteering at the Farmers Market. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender or gender preference, sexual preference, age, or disability. By signing below, the applicant releases the DeWitt DDA from all liabilities. And by submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on the application may result in my immediate dismissal.

First Name

Last Name

Signature

Date

Printed name of parent or guardian, if under 18 years old

Signature of parent or guardian