

# Friends of the California State Fair

## *Volunteer Application*

Please complete this application so that we can discover more about you, your interests, your skills, and intentions in volunteering with the Friends of the California State Fair. Your application will be evaluated and you will be contacted.

**PLEASE NOTE:** You must be 18 years or older to be a member of Friends of the California State Fair and you must volunteer a minimum of 20 hours per year to maintain an active membership.

Name (Please Print): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Contact Phone (cell): \_\_\_\_\_ 2<sup>nd</sup> Phone (home/cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Why are you interested in volunteering with Friends of the Fair?

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What volunteer or work experience/skills do you offer to Friends of the Fair?

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Referred by \_\_\_\_\_

Please list the times and days that you will be available to volunteer (circle days and list times for each day).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Circle the area(s) in which you are interested in volunteering:

State Fair	Farm/Animals	Information Booth
County Fair	Computer Entry	Counter Sales
General Office	Pre/Post Fair Activities	Event Preparation

**General Waiver: I will hold harmless and indemnify the California State Fair, Cal Expo and The Friends of the California State Fair, its affiliated companies and officers, directors and employees from and against any loss, damage, liability, claims, cost and expenses including legal fees which may be incurred by reason of the volunteer's participation in the California State Fair. I have read and understand the foregoing General Waiver and have signed it voluntarily.**

**I am aware that as a volunteer of the Friends of the California State Fair, I am considered a representative of Cal Expo and the California State Fair and am subject to the rules and regulations of Cal Expo. I realize it is my responsibility to respect privacy and maintain confidentiality.**

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

**Mail completed application to:**

**Friends of the California State Fair, PO Box 15649, Sacramento, CA 95852-0649**

