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		2 nd Phone (home/cell):					
E-mail Address:							
Emergency Contact N		Phone:					
Why are you interest	ed in volunteeri	ng with Friends	of the Fair?				
What volunteer or w	ork experience/s	skills do you offe	er to Friends of th	ne Fair?			
Referred by							
Please list the times a	and days that yo	u will be availab	le to volunteer (circle days a	nd list tim	nes for each	ı day).
Sunday	Monday	Tuesday	Wednesday	Thursda	у	Friday	Saturday
Circle the area(s) in which you are int State Fair County Fair		Farm/Animals Computer Entry		Information Booth Counter Sales			
General Of General Waiver: I v California State Fai damage, liability, c volunteer's particip Waiver and have sig I am aware that as Cal Expo and the C	vill hold harmle ir, its affiliated claims, cost and cation in the C gned it voluntar	ess and indemnicompanies and lexpenses inclalifornia State ily.	officers, directed uding legal feed Fair. I have the California S	a State Fair ors and em es which m read and u	ployees fray be in understan	po and The rom and a curred by id the fore	gainst any loss, reason of the egoing General epresentative of
my responsibility to			·				
Signature:			Date:				

Mail completed application to:

Friends of the California State Fair, 1600 Exposition Blvd, Sacramento, CA 95815

