



CWSF Volunteer Application

Individual or Group Name: _____
first, middle initial, last

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ DOB: _____

What event are you volunteering for? _____

<u>Positions applying for.</u> <i>Circle all that apply</i>			
Event set-up <i>Tasks will vary</i>	Event tear-down <i>Tasks will vary</i>	Stage set-up	Stage tear-down
Grandstand Gates	Garbage Crew	Ticket Booth	First Aide
Maintenance Crew	Other: _____		

Shirt size: _____ Will you need a written letter confirming your volunteer hours? _____

Have you ever been convicted of a crime? _____
If yes, please explain on a separate piece of paper and include it with this application.

Will you be age 18+ on or before August 15th, 2024? _____
If no, a parent or legal guardian must sign this form.

Event Availability: *Please list all dates/times you or your group are available.*

Have you ever volunteered for the Central Wisconsin State Fairgrounds before? If so, when and in what departments/events? _____

Please fill out the back of this application fully.

References:

References cannot be family members. We require 3 different references.

Name: _____ Relationship: _____
Phone Number: _____ How long have you known this person? _____

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Group Information (if applicable)

Please also fill out the above portion of this form

Group / Organization Name: _____

Number of volunteers age 18+: _____ **Number of volunteers age 16 – 17:** _____
Each minor with your group will need a separate signed application.

Please list the names of all volunteers with your group below. (First, middle intl, last are required)
Please list DOB with each name.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, _____, give permission for the above listed minor to perform the volunteer work that is described in this application.

Parent/Guardian’s Full Name: _____ **Date:** _____

Parent/Guardian’s Signature: _____ **Date:** _____

Volunteer’s Signature: _____ **Date:** _____

Applications can be returned to the following:

Central Wisconsin State Fair
513 E. 17th St, Marshfield, WI 54449
Phone: 715-387-1261
Email: eventmanager.cwsf@gmail.com