



# JFB

# JUNIOR FAIR BOARD

- Application -

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Minimum age - Candidates must be age 14 on or after January 1st of the current year.  
Maximum age - Candidates must not turn 21 before January 1st of the current year to be eligible.

Address \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Address (if different) \_\_\_\_\_

Your phone \_\_\_\_\_ Parent/Guardian (if different) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Driver's License \_\_\_\_\_

School you attend \_\_\_\_\_ Grade \_\_\_\_\_

Please list your school, community activities, organizations you are a member of and hobbies. Highlight any offices or leadership positions you hold. Please use a separate pages if needed.

Tell us why you would like to serve on the Junior Fair Board and what skills you possess that would make you a good member.

Explain what changes or improvements you would like to see in the Bedford Fair and how it would benefit the fair.

Would you be able to attend all the Junior Fair Board meetings?

What benefits or experience would you expect to gain by becoming a member of the Junior Fair Board?

Statement of commitment:

I agree, if I am selected as a member, that I will attend all assigned functions. Excused absences and exceptions will be determined by the Advisor and Fair Board. By signing, I indicate that I am willing and able to be an active participant of the Junior Fair Board. I also acknowledge that I will be expected to abide by the bylaws of the organization.

Application Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Please provide a signed letter of recommendation from an advisor (teacher, counselor, coach, community member, etc.) for your participation in the Junior Fair Board. Choose adults that are not family members.

Parental Consent Statement:

I am aware that my child has elected to participate as a member of the Bedford Fair Junior Fair Board (JFB). If chosen, I am aware of the time and transportation commitments that are required to assure that my child fully participates to the requirements of the JFB.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

All applicants will be interviewed at a predetermined date at the Bedford Fair Office. Applications may be dropped off at the fair office or mailed to address below.

Susie Mickle, Advisor  
923 Pigeon Hill Rd,  
Bedford, PA 15522