



# Central Wisconsin State Fair Volunteer Application

Full Name (first, middle initial, last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

What event are you volunteering for? \_\_\_\_\_

**Positions applying for:** *Circle all that apply*

Event set-up Tasks will vary	Event tear-down Tasks will vary	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 1st, 2022? \_\_\_\_\_ If no, a parent or legal guardian must sign this form.

I give my permission for the minor listed on this form to perform the volunteer work that is described in this application.

Event Availability: Please list all days and 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 init, last are required)**

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

**Parent/Guardian's Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

**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: [cwsfexecdir@gmail.com](mailto:cwsfexecdir@gmail.com)