



Josephine County Fairgrounds & Event Center

PO Box 672

Grants Pass, OR 97528

1451 Fairgrounds Rd. - 97527

Office: 541-476-3215

Fax: 541-476-1027

Email: fairgrounds@co.josephine.or.us

Website: www.josephinecountyfairgrounds.com

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or other legally protected status.

JOSEPHINE COUNTY VOLUNTEER APPLICATION

Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

MAILING ADDRESS (if different than above): _____

Have you ever volunteered for Josephine County before? Yes No

Can you perform moderate manual tasks like carrying full trash bags? Yes No

Do you have any conditions that may prevent you from performing moderate manual tasks? Yes No

If you require accommodations to perform your Volunteer Assignment, please indicate the needed accommodations:

Preferred Volunteer Duties:

- Assist Fair Board Liaison with hanging banners. Yes No
- Assist Department Superintendents (If yes, please select options below). Yes No
 - A. Agriculture
 - B. Flower
 - C. Home Arts/Static Exhibits
- Assist with Fair entries as they come in. Yes No
- Assist in parking cars. Yes No
- Assist with golf carts/drivers. Yes No
- Attendance Counter. Yes No
- Anywhere I may be useful. Yes No
- Other specific areas that you want to assist with: _____

Date and Times Available (be specific): _____

EMERGENCY CONTACTS	
Name:	Phone #:
Address:	Relationship:
Name:	Phone #:
Address:	Relationship:

AGREEMENT

I agree to serve as a Volunteer for the Josephine County Fairgrounds. I understand that my participation is at the discretion of the County, and that I will not be paid for any services or work that I perform. I agree to follow the directions of the Josephine County Volunteer Coordinator. I understand that I am responsible for my own safety, that I am advised to have a current tetanus booster, and that I am in proper condition to perform Volunteer services. I give permission to Josephine County for the right to use any videos and photographs taken during my Volunteer hours for County purposes.

I hereby agree to hold harmless, indemnify, and defend Josephine County, its officers, agents, and employees, from any and all liability and claims arising out of or relating to my participation in this Volunteer effort, including bodily injury, property damage, and/or personal injury. This indemnification shall extend to my estate, heirs and assigns.

Applicant's Signature: _____ Date: _____

Volunteers who are 16 years of age and younger must have a Parent or Guardian present during Volunteer work.

Applicants under the age of 18 must have Parent/Guardian sign below:

_____ has my permission to work as a Volunteer for the Josephine County Fair.

Volunteer's Name: _____ **Parent/Guardian Signature:** _____

For Department Use:

Reviewed By: _____ Date: _____

Manager/Supervisor (Print Name)

Signature: _____ Date: _____