

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 FAIRGROUNDS VOLUNTEER APPLICATION

Name:				
Phone:	Email:			
Address:	City:	Sta	te:Z	ip:
MAILING ADDRESS (if dif	ferent then above):			
Have you ever volunteered for Josephin	ae County before?	Yes No		
Can you perform moderate manual task	s like carrying full trash b	oags or raking leaves?	Yes [No
Do you have any conditions that may p	revent you from perform	ing moderate manual t	asks?] Yes \square No
If you require accommodations to perfo	mii your volunteer assign	ment, piease moicate t	пе пеесес	accommodations
Preferred Volunteer Duties:				
Raking – Leaf Debris/Branches	Yes No	Litter Pick Up	Yes	☐ No
Brush Removal	Yes No	Painting	☐ Yes	☐ No
Cleaning Facilities	Yes No	Weeding	Yes	☐ No

		EMERGENCY CONTA	ACTS			
Name:	Name:			Phone #:		
Address:			Relations	Relationship:		
Name:			Phone #	Phone #:		
Address:				Relationship:		
the County, and that I county Volunteer Cootetanus booster, and the right to use any videos. I hereby agree to hold liability and claims arisi	will not be paid for a ordinator. I unders at I am in proper co and photographs ta harmless, indemnify ing out of or relating	phine County Fairgrounds. I und any services or work that I perform tand that I am responsible for mondition to perform volunteer serval tand during my volunteer hours for y, and defend Josephine County, in g to my participation in this volunteer shall extend to my estate heirs	m. I agree to follow by own safety, that dices. I give permiss or County purposes. ts officers, agents, a deer effort, including	I am advised to have a current ion to Josephine County for the and employees, from any and all		
	and/or personal injury. This indemnification shall extend to my estate, heirs and assigns. Applicant's Signature: Date:					
Applicants under the	e age of 18 must ha		<u>r:</u> o work as a volunte	eer for Josephine County.		
Volunteer's Name	Paren	nt/Guardian Signature:				
For Department Use Reviewed By: Ma Signature:	unager/Supervisor (Prin	nt Name)				
		Volunteer Hours Wor				
Location	Date	Time (Start-End)	Hours	Supervisor		