

Please tell us about yourself (PLEASE PRINT, using a pen):

Name (First/Last)		Nickname
Phone (home)	(cell)	(work)
E-mail Address		
Mailing Address		Apt. #
City	State	Zip
Gender	Date of Birth (Month/Day/Year)	T-Shirt Size
In case of EMERGENCY, p	please contact:	
1) Name	Relationship	Phone
2) Name	Relationship	Phone
Work Experience: Employer	Job Title or Duties	Length of Serv
Application Type Please	e check <u>one</u> of the following which best o	describes you:
Hight School St	udent**	Retired Adult
College Student		Working Adult
		Business/Corporate Group Member
**High School Stude	ents under the age of 18 years of age must	have parental permission completed.
How did you learn of this volu	inteer opportunity?	
Please list other volunteer eff	orts in which you have participated	

List skills you possess that you feel would be beneficial in your role as a volunteer at The Meadow Event Park (*i.e. greeter, guide, telephone operator, gardens, crafts, grounds, beverage server, tour guide, tram driver, etc.*)

Availability - Check All That Apply: Weekday Weekend Morning Afternoon Evening *3 ½ Hour Shifts (approximate) = 9:30a to 1:00p 12:30p to 4:00p 3:30p to 7:00p Other availability, please specify:		
The Meadow Event Park acknowledges that equal opportunity for all persons is fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status. Volunteer opportunities for The Meadow Event Park, State Fair of Virginia, and Secretariat Program can include responsibilities requiring physical and mental demands. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Volunteers are frequently required to use hands to touch, handle, and feel, and to reach with hands and arms. Volunteers may need to read; communicate verbally and/or in written form; remember and analyze certain information; and remember and understand certain instructions or guidelines. While performing volunteer job duties, volunteers may need to stand, walk, and/or sit for up to 3 or more hours at a time. Sometimes, there may be a need to carry materials to distribute to the public which can weigh as much as 5lbs.		
Are you able to handle the above stated volunteer responsibilities? (<i>Please check one</i>) No Yes Do you have any physical or mental limitations*? (<i>Please check one</i>) No Yes <i>*Please state physical limitations so reasonable accommodations may be made</i> :		

THANK YOU FOR YOUR ANSWERS. ALL INFORMATION IS CONSIDERED CONFIDENTIAL.

Release Clause: If and when I am a participant in The Meadow Event Park Volunteer Program, I agree to assume full responsibility for such participation and release The Meadow Event Park from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, The Meadow Event Park has the right to terminate my services as required and without notice. Any property in my possession (keys, name badge, tickets, passes, etc.) shall be returned to The Meadow Event Park upon termination of this agreement.

My signature below certifies that all statements made by me on this application are true, complete and correct to the best of my knowledge and belief. I understand that any willful misstatements or omissions on this application will be considered sufficient cause to disqualify me for the volunteer opportunities at The Meadow Event Park.

Applicant Signature

Date ___

PARENTAL CONSENT ON NEXT PAGE (to be completed if applicant is under 18 years of age)

Please send completed forms to: The Meadow Event Park, c/o Cheryl English/Jimmy Johnson, 13191 Dawn Blvd, Doswell, VA 23047 or Fax to: 804-994-2927 or email to: volunteer@meadoweventpark.com.

PARENTAL CONSENT FORM:

To be completed if applicant is under 18 years of age.

I give my consent for my child, ______, named on page one of this application, to provide volunteer services to The Meadow Event Park, State Fair of Virginia, Virginia Horse Festival, and Secretariat Tourism Program. I also give The Meadow Event Park, State Fair of Virginia, Virginia, Virginia Horse Festival, and Secretariat Tourism Program my consent to obtain any emergency medical treatment necessary for the safety of my child.

My signature below certifies that all the statements made on this application by me and my child are true, complete and correct to the best of my knowledge and belief. I understand that any willful misstatements or omissions on this application will be considered sufficient cause to disqualify me for the volunteer opportunities at The Meadow Event Park.

Signature of Parent/Guardian	Date
Printed Name of Parent/Guardian	Date





