



## York State Fair Volunteer Form

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LAST NAME

FIRST NAME

MIDDLE NAME

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DATE OF BIRTH (MM/DD/YYYY)

SHIRT SIZE

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STREET ADDRESS

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CITY

STATE

ZIP

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PHONE NUMBER

EMAIL ADDRESS (EMAIL ADDRESSES WILL NOT BE SHARED OR DISTRIBUTED)

The information contained in this application is correct to the best of my knowledge. I hereby authorize The York State Fair and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or a investigate consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions; driving records, birth records, and any other public records.

SIGNATURE: \_\_\_\_\_

Parent/Guardian name & signature \_\_\_\_\_  
(if under 18)

Form must be turned in 24 hours before you are able to volunteer on the grounds.

Please submit to [volunteer@yorkstatefair.org](mailto:volunteer@yorkstatefair.org)