



York State Fair Volunteer Form

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)

SHIRT SIZE

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

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

I authorize the York County Agricultural Society (i.e. The York State Fair) to conduct a complete criminal & child abuse history check as a basis of my placement as a volunteer within the organization. I understand that I am to report any changes in my criminal history to the York County Agricultural Society (i.e. The York State Fair)

SIGNATURE: _____

DATE _____

Parent/Guardian name & signature _____
(if under 18)

DATE _____

Form must be turned in 24 hours before you are able to volunteer on the grounds.
Please submit to volunteer@yorkstatefair.org or the York State Fair Administration Office.