



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)

We value your services and will strive to locate you in an area that you have an interest in, if you have no preference please select ALL LOCATIONS.

- Ag Education Center Exhibit Buildings Roving Volunteers
 Volunteer Lounge/Life Member Lounge ALL LOCATIONS

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