

## PARRY SOUND FARMERS MARKET Become a Volunteer

As a volunteer, you play an integral part in helping your community benefit from the ever growing tourism that visits us each summer.

Also, being a volunteer at our market is fun! There are opportunities for people of all ages and abilities. We would love your help!

If high school students are looking to volunteer for community hours, we welcome you! We can coordinate with your school to be sure your community hours count.

To volunteer please complete the form and select the days and hours you can commit to volunteering.

We look forward to having you on board and THANK YOU!

Jenn Víckí

Jenn Sutkowski, Market Manager & Executive Director Vicki Sutkowski
Assistant Market Manager & Special Events Coordinator

Volunteer hours:	Volunteer Shifts:	Market Day Tasks:
Every Saturday, June 22 through August 31 – 7 am – 3 pm Canada Day – 7 am – 5 pm	- 7:00 am to 11:00 am - 11:00 am to 3 pm - 8:30 am to 12:30 pm - Set up volunteer (some heavy lifting required) - Take down/close down volunteer (some heavy lifting required)	<ul> <li>Set up/take down PSFM info booth</li> <li>Manning info booth with market staff</li> <li>Helping with special events</li> <li>Assisting Market Manager and staff</li> <li>Helping Vendors unload items and set up</li> <li>Potty break volunteer – Allow our vendors a 5 minute break while you watch their booth!</li> <li>Being an ambassador for our community</li> </ul>

## PARRY SOUND FARMERS MARKET Volunteer Application

Name:		Address:		
City:		Postal Code:	Home #	
Cell#		Email:		
In Case of Eme	rgency Contact:			
Name/Phone:				
Relationship: _				
Are you a high	school student &	require sign off on summer commu	unity hours? Y N	
•	tion being applied nteer	<u>d for:</u> □ Take down volunteer	☐ "Gimme a break" volunteer	
$\square$ General hel	p volunteer			
What is your a	vailability on Satu	<u>irdays:</u>		
Morning				
Afternoon				
Early Evening				
How many hours a day would you like to volunteer?				
References:				
•	two references o	•	one:	
Nature	e of relationship: _			
Nam	e:	Ph	one:	
Natu	re of relationship	:		

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I authorize investigation of all statements and references herein and release Parry Sound Farmers Market and all other from liability in connection with same.

I also understand and verify that the information herein is complete and accurate and that untrue, misleading or omitted information herein may result in dismissal regarding the time of discovery by West Parry Sound Farmers Market.

ALL STATEMENTS BECOME PART OF ANY FUTURE VOLUNTEER FILES AND WILL BE KEPT STRICTLY CONFIDENTIAL.

Applicant's Signature:	Date:
If under 18, Parent or Legal Guardian Consent	
Parent or Legal Guardian Signature:	Date:
Printed Name:	