



## Jackson County Fair Volunteer Application

First name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you over 18 years? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Retired from \_\_\_\_\_

### Emergency Information:

Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any medical restrictions? \_\_\_\_\_

### Availability Fair Week Aug 8-14th

Weekends \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Any \_\_\_\_\_

Weekdays \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Any \_\_\_\_\_

Have you ever been convicted of a crime? (list only convictions, not arrests, and do not list civil infractions such as traffic or speeding tickets) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Previous or Current Volunteer and /or work experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please check areas of Interest:

\_\_\_\_ Family Inflatable Attendant    \_\_\_ Parking support \_\_\_\_\_ Ticket Taker                      \_\_\_\_\_ Shuttle Driver

\_\_\_\_ Hand Stamper (at Grandstand shows)    \_\_\_\_\_ Grandstand Usher                      \_\_\_\_\_ Alcohol Beverage server

It is the policy of Jackson County Fair to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

\*I hereby assume complete responsibility for any injury or damage sustained by the applicant and release Jackson County Fair.

\*I understand that volunteering for the Jackson County Fair may require or include a criminal background check, driver's license check or providing of other identification or certificates.

\*I understand that I am not eligible for workmen's compensation.

\*I give the Jackson County Fair permission to use my photographic or video image for promotional purposes.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this volunteer Application Form and for your interest in the Jackson County Fair. For more information, please call the Jackson County Fair office at (517)788-4405.

Please return this form by mail or email to:

Denise Owens  
Jackson County Fair Manager  
128 W Ganson St.  
Jackson, MI 49201  
Email: [dowens@mijackson.org](mailto:dowens@mijackson.org) or Tammy Bates [batestammyj@gmail.com](mailto:batestammyj@gmail.com)

Office use only below the line

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Volunteer ID # \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Days working \_\_\_\_\_

Shift \_\_\_\_\_