



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:

_____ Fair Information Booth _____ Parking support _____ Ticket Taker _____ Shuttle Driver

_____ Hand Stamper (at Grandstand shows) _____ Grandstand Usher _____ Alcohol Beverage sever

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

Office use only below the line

Volunteer ID # _____

Position _____

Supervisor _____

Days working _____

Shift _____