



**“Horse’n Around”**  
**August 31 –September 5, 2011**  
**www.montereycountyfair.com**  
 2004 Fairground Road  
 Monterey, CA 93940  
 (831) 372-5863  
 FAX (831) 372-8248

**VOLUNTEER REGISTRATION FORM  
 (INDIVIDUAL)**

Feel free to copy the form and share it with your friends, or go to our Website to download and print more copies. Thanks!

Please print neatly and use one form per person. Return completed form Attn: Volunteer coordinator to the address or fax listed above.

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ (If you are under 16 please fill out the youth volunteer form)

Mailing Address: \_\_\_\_\_

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

**Please Circle One**  
 YES NO

1. Have you ever volunteered at the Monterey County Fair?

If so for how many years? \_\_\_\_\_

2. Are you interested in learning about year-round volunteer opportunities? YES NO

3. Preferred T-shirt Size (ADULT SIZES) S M L XLG XXLG XXXLG

**Please review the Volunteer Job Description List. Choose Areas that are of interest to you. We will try to honor your first choice, but in case we cannot, please indicate a second choice. One shift is generally 4 hours.**

1st Choice: AREA: \_\_\_\_\_ 2nd Choice: AREA: \_\_\_\_\_

**I am available to volunteer on the following dates and times**

DATE	TIME	DATE	TIME
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____
5. _____	_____	6. _____	_____

If you have any special skills, (e.g., gardening, baking, quilting, etc...), or if you have any comments, please list them here:

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



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### **YOUTH VOLUNTEER RELEASE FORM**

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#### **IMPORTANT INFORMATION FOR YOUNG VOLUNTEERS**

If you want to volunteer at the Monterey County Fair and are under the age of 16, your parent or guardian must sign the following statement.

\_\_\_\_\_ (name of volunteer), age \_\_\_\_\_ (age of volunteer), is capable, competent and conscientious. I grant my permission to my son / daughter to serve as a volunteer. In the event of a medical emergency while he / she is volunteering for the Monterey County Fair, I authorize whatever emergency medical treatment is deemed essential by responsible medical attendants.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship / Nature of Authority

\_\_\_\_\_  
Date

#### **EMERGENCY CONTACT INFORMATION (Please Print)**

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship / Nature of Authority

#### **DO YOU HAVE ANY FRIENDS WHO ARE INTERESTED IN VOLUNTEERING?**

If you know anyone who is interested in volunteering at the fair, feel free to make copies of this registration form, or list their names and addresses here. PLEASE PRINT LEGIBLY

Name

Address

City

State

Zip

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_