

BLUE RIBBON FOUNDATION 2018 VOLUNTEER REGISTRATION FORM

Volunteer Name: _____ **Date:** _____

*Please select a location where you would like to volunteer. If you do not have a preference, select "No Preference."
Scheduling is on a first come, first served basis. Preference will be given to volunteers who can work more than one shift.*

Water Booth **Fair Squares** **No Preference**

Merchandise Booth Options:

Retail Store* **Museum** **Little Hands on the Farm**

Cattle Barn **V.I.**

*The retail store is located in the Horner Service Center on Grand Avenue.

Mail forms to:

**Iowa State Fair Blue Ribbon
Foundation
P.O. Box 57130
Des Moines, IA 50317
Attn: Julianna**

❖ **Maximum** number of shifts you would like to volunteer for during the Fair: _____

*Please select your preferred shift(s) by indicating in the squares below when you are **available** to volunteer. Rank your preferences by labeling your 1st, 2nd, and 3rd choices. To allow flexibility in scheduling, we encourage you to mark extra shifts and rank them as well.*

Shift Time	THU 8/09	FRI 8/10	SAT 8/11	SUN 8/12	MON 8/13	TUE 8/14	WED 8/15	THU 8/16	FRI 8/17	SAT 8/18	SUN 8/19
9am-1pm											
1pm-5pm											
5pm-9pm											
No Preference											

Please list the names of other volunteers you would like to work with: _____

*We will do our best to schedule you with them, but they **must also complete and return** the volunteer form. Listing their names here does not guarantee they will be scheduled.

- ❖ Volunteers will receive a gate admission ticket and a parking permit for the day(s) scheduled to work, as well as a complimentary t-shirt to be worn while working.
- ❖ Volunteers must work **one full, four-hour shift** for Water and Fair Squares or **two separate, four-hour shifts** for Merchandise.
- ❖ We will do our best to accommodate your schedule, but preference will be given to those who can work more than one shift.
- ❖ Volunteers must be at least 16 years old or accompanied by a parent or guardian. All volunteers must be 12 or older.
- ❖ Please be flexible as a Foundation staff member may reassign you where needed on the day you volunteer.

2018 VOLUNTEER INFORMATION SHEET
Please complete one form for each volunteer.

First Name: _____ Last Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ E-mail Address: _____
Birth Date (m/y): _____ Spouse's Name: _____ T-Shirt Size: S M L XL XXL XXXL
Emergency Contact: _____ Emergency Phone: _____

Have you volunteered with the Blue Ribbon Foundation at the Iowa State Fair before? Yes No

Employer: _____ Occupation: _____ Full Time Part Time Retired

What's your favorite memory at the Fair?

Iowa State Fair Blue Ribbon Foundation Volunteer Background Check Authorization Waiver & Hold Harmless Agreement

I wish to work as a volunteer for the Iowa State Fair Blue Ribbon Foundation and engage in activities related to being a volunteer. In consideration for the opportunity to work as a volunteer for the Foundation, I agree to the following:

Background Check: The safety of all in attendance at the Iowa State Fair is the most important consideration in the appointment of a volunteer for the Iowa State Fair Blue Ribbon Foundation. To help safeguard all persons and pursuant to Iowa law, the Blue Ribbon Foundation conducts background checks on volunteers. Information obtained will be handled by the Foundation in a confidential matter.

I hereby give my permission for the Foundation and its agents to obtain information relating to my criminal history. I understand that this record will be used, in part, to determine my eligibility for a volunteer position with the Foundation. I also understand that as long as I remain a volunteer with the Iowa State Fair Blue Ribbon Foundation, background checks may be repeated at any time.

I hereby release and discharge the Iowa State Fair Blue Ribbon Foundation from and against any and all causes of action, liabilities, and claims resulting from the investigation of my background in connection with my application to be a volunteer. I understand that the Foundation may choose not to select me as a volunteer based upon the information obtained pursuant to this authorization. In such cases I will be notified of this result via telephone or written correspondence.

Hold Harmless Agreement: By signature below, I expressly accept and assume all risks inherent in volunteer activities with the Foundation. My participation is purely voluntary. I hereby release and hold harmless and forever discharge, the State of Iowa, the Iowa State Fair Authority, the Iowa State Fair Foundation, the Iowa State Fair Board; their agents, officers, employees and volunteers, and their respective successors from any and all claims, demands, or causes of action whatsoever that are connected with my participation as a volunteer for the Blue Ribbon Foundation.

I have read and understand this document and I agree to be bound upon my signature below.

Full Legal Name (printed): _____

Date of Birth (MM/DD/YYYY): _____

Signature: _____

Parent/Guardian Signature (if under 18): _____

