

# BLUE RIBBON FOUNDATION “PAINT THE FAIR”

## 2018 VOLUNTEER REGISTRATION FORM

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

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Shift Time	THU 8/09	FRI 8/10	SAT 8/11	SUN 8/12	MON 8/13	WED 8/15	THU 8/16	FRI 8/17	SAT 8/18	SUN 8/19
9:15am-11:45am				No Class						No Class
1:15pm-3:45pm										
5:15pm-7:45pm	No Class	No Class			No Class	No Class			No Class	No Class

\*No classes on Tuesday, August 14

The Patty and Jim Cownie Cultural Center will now house “Paint the Fair,” a 1 ½ hour painting class where participants are instructed on how to paint an aspect of the Fair. Volunteers will register and check-in painters, help set up paints, and assist with clean up. We ask that all painting class volunteers work a minimum of two shifts. We can have a maximum of two volunteers per shift.

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 information. 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.
- ❖ We will do our best to accommodate your preferences.
- ❖ 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 during your volunteer shift.

**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 is the one thing you always have to do 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):** \_\_\_\_\_

