

Moscow Farmers Market Volunteer Application Form



CONTACT INFORMATION *(Please type or print all information)*

Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Contact Preference? Email Cell number Home phone

May we leave a message on your phone? Yes No

Emergency *(local)* Contact Information:

Name(s): _____

Cell number: _____ Home number: _____

Please check the types of volunteer roles you are interested in.

You may choose as many as you would like:

- Set-up and/or Break-down on Market Days
- Farmers Market Booth – Market Day Customer Service
- Marketing and Outreach
- Farmers Assistance
- Fundraising
- Provide Educational Program or Entertainment on Market Day

Other: _____

Please tell us why you are interested in volunteering for the Moscow Farmers Market?

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed): _____

Signature: _____

Date: _____

Note: *Volunteers are needed (but not required) every Saturday morning May – October to assist with set-up and/or break-down of the Market, as well as, special events that are a regular occurrence and could use your help! The market also needs extra help in assisting our vendors occasionally as the need arises. If you cannot volunteer for a market Saturday, but are interested in other volunteer opportunities, please call the Volunteer Coordinator @ 208-883-7036 to discuss your ideas and suggestions. Feel free to bring your application to the Arts Department in City Hall or e-mail it to jbrierly@ci.moscow.id.us. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.*



CITY OF MOSCOW VOLUNTEER'S GENERAL RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

For and in consideration of my minor child or dependent being allowed to assist the City of Moscow, Idaho in a volunteer capacity as a _____, I do hereby release City of Moscow, Idaho, a municipal corporation of the State of Idaho (hereinafter "CITY"), and any and all other officers, employees, volunteers, agents, insurers and any elected or appointed officials of CITY, individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my child or dependent's participation in such volunteer activity.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with my child or dependent participating as a volunteer and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remit and forever discharge and release CITY and any and all elected or appointed officials of CITY, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by my child or dependent while participating in said volunteer activity in any way, including coming to and going from such volunteer activity.

I understand that this Release does not waive any rights or any protection my child or dependent or I may have under the Idaho Tort Claims Act; however, I also expressly understand and acknowledge that this Release does not create any rights not specifically and expressly provided to me under the Idaho Tort Claims Act. I further understand that my child's or dependent's participation in the aforementioned volunteer activity does not create any form of employment with CITY and does not grant me any rights that are not expressly provided for by law or contract.

I acknowledge that my child or dependent is serving in a volunteer capacity for the services minor will render and is not entitled wages, pay or the usual benefits of employees of CITY.

As the participant or parent/legal guardian of the participant, I have read the foregoing and understand that the terms of this Release are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this Release.

DATED this _____ day of _____, in the year _____.

PARTICIPANT: _____

Parent/Legal Guardian:

(SIGNATURE) (PRINTED NAME) (DATE)

STATE OF _____)
) ss.
COUNTY OF _____)

On this ____ day of _____, in _____, before me, a Notary Public in and for said State, appeared _____, known to me to be the person named above and acknowledged that he/she executed the foregoing document.

Notary Public for the State of Idaho
Residing at _____
My commission expires _____