

# Volunteer Registration Form



## What is the Markham Fair?

Markham Fair is one of the largest of the 232 Agricultural Societies in the Province of Ontario with a constitutional mandate to promote improvements in the quality of life of citizens in our community. Since 1844 the focal point of this pursuit has been the annual presentation of the Markham Fair where excellence is rewarded and agriculture is showcased along with the many other components of our ever-growing and changing community. Education and entertainment are blended in a festive environment to encourage fellowship and harmony and strengthen family bonds. With the ongoing support and dedication of its many volunteers Markham Fair truly is "The Fair with a Future".

## What will be my commitment?

- As an official volunteer, you will make a significant commitment to Markham Fair which may involve orientation and training to fulfill the needs of your committee(s).
- All volunteers will be required to be paid-up members of the Markham & East York Agricultural Society (annual membership fee).  
Adult: \$5; Youth 13-17 yrs: \$5.

*Please print clearly, complete both sides of the form below and return to:  
Markham Fair, 10801 McCowan Road, Markham, Ontario L3P 3J3*

*Note: The Chairperson of your chosen committee must sign this form before sending to the office.*

## Personal Information

Mr./Mrs./Ms./Dr.

\_\_\_\_\_  
Last Name First Name Middle Initial

Mailing Address:

\_\_\_\_\_  
No. Street Apt. City Prov. Postal

Telephone:

\_\_\_\_\_  
Home # Work # Mobile #

Fax/Email:

\_\_\_\_\_  
Fax # Email

Name/Status of Spouse:

\_\_\_\_\_ Markham Fair Volunteer: Yes  No

Emergency Contact:

\_\_\_\_\_  
Name Tel.

Medical Considerations:

\_\_\_\_\_

## Preferences/Primary Committee

**New Committee Members:** Please indicate, in order of preference, the Committees in which you are most interested:

**Preference #1:** \_\_\_\_\_

**Preference #2:** \_\_\_\_\_

**Existing Committee Members:** Please indicate the one main committee with which you would like to be listed and from which the Chairperson will provide communications:

Prime Committee: \_\_\_\_\_

## Skills/Interests

If you have a skill or interest that you feel could be utilized by the Fair, please check the appropriate item:

Writing <input type="checkbox"/>	Parking Attendant <input type="checkbox"/>	Smart Serve <input type="checkbox"/>	Trade (specify) <input type="checkbox"/>	_____
Sign Painting <input type="checkbox"/>	Livestock Attendant <input type="checkbox"/>	General Labour <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	_____
Media Relations <input type="checkbox"/>	C.P.R./First Aid Instructor <input type="checkbox"/>	Marketing <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	_____
Vet (Vet Tech) <input type="checkbox"/>	Computer skills <input type="checkbox"/>	Medical <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	_____

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## Security Check

In order to be considered as a volunteer with Markham Fair, you must be willing to submit to a security check, if required. Please sign here if you agree to a Police Security and/or Medical check which may be deemed necessary from time to time by the Board of Directors.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Birth Date*

## General Information

Do you have a valid Driver's Licence? Yes:  No:  If Yes, specify Class \_\_\_\_\_

Occupation: \_\_\_\_\_

Experience/Comments: \_\_\_\_\_

Languages (Fluent): \_\_\_\_\_

## Availability

Would you be available for various projects or activities which may occur throughout the year?

i.e.: Parades:  Grounds Maintenance:  Office Support:

## References

*(New Members Only)*

List any names of individuals who have referred you to Markham Fair: \_\_\_\_\_

## Waiver

**(Please sign below)**

I/my participating child hereby agree that the above information is correct to the best of my knowledge, am aware that volunteering at Markham Fair involves inherent risks which are above and beyond the control of Markham Fair and voluntarily and knowingly acknowledge, accept and assume these risks.

I/my participating child therefore hereby release the Markham & East York Agricultural Society and its agents, officials, employees, volunteers and contractors from any and all liability, actions or lawsuits arising from any activity relating to the event, howsoever caused.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Parent or Guardian Signature (if under 18 years of age)*

\_\_\_\_\_  
*Date*

## Confidentiality

The information contained in this application will not be shared with any other organization without your permission.

***N.B. Please ensure that you inform the Office of any changes to your personal information, and Thank You for your interest in Markham Fair!***

**Completed by Chairperson**

**Prime Committee:** \_\_\_\_\_

**Chairperson:** \_\_\_\_\_  
*Signature*

**Date:** \_\_\_\_\_