

Sacramento County Fair

VOLUNTEER RECORD AND SERVICE AGREEMENT

Department:	Are you at least 18 years of age? \square Yes \square No	
Name:	_E-Mail	
(Print) Address:	City, Zip Code:	
Telephone #:	Cell #	
Hours you are available for		
In case of emergency notify (Name):		
Relationship:	Telephone #	
If an intern, indicate current school:	Major:	
Volunteer will work from:dat	e through: date	
own risk. I hereby waive all claims, suits agents, servants or employees including t growing out of, or in any way connected procedures, rules, regulations, directives written approval by Department manager	am an unpaid volunteer for the Sacramento oyee-related benefits or pay. As an unpaid volunteer, I is, actions or any recourse against the state, Sacramento the right to contribution for loss or damage to persons of with or incident to my volunteer services. I will complete and instructions provided by Sacramento County Fair ment, I may be reimbursed for necessary allowable expenses services. Such reimbursement shall be in accordance.	am willing to serve at my County Fair, its officers, or property arising from, by with all policies, management. Upon prior enses for subsistence and
Signature of Volunteer	Date	
Parent/Guardian if Volunteer under 18 ye	ears of age Date	
Signature of Supervisor	Date	