



Chesterfield County Fair Association

*P.O. Box 801
Chesterfield, VA 23832*

Volunteer Information

Name: _____

Address: _____

Cell Phone: _____

Email: _____

DOB: _____

Known Allergies: _____

Health Issues and Medications That we Need to be Aware of in Case of an Emergency:

Emergency Contact Name and Number: _____

Valid Driver's License: _____

(Copy of Driver's License is required if driving shuttles/golf cart)

I understand that I am a volunteer for the Chesterfield County Fair and am expected to follow any/all rules pertinent to the responsibilities of such. I agree to present myself to the best of my ability, including but not limited to attire, attitude, being on time and remaining for the duration of my assigned duties. I acknowledge that this form will be kept on file without public access and will only be used in case of an emergency. It is understood that by "not" signing/completing this form, I abolish any and all liability from the Chesterfield County Fair.

Volunteer Signature

Date