



Chesterfield County Fair Association

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

Volunteer Information

Please **Print** All 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 & 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