

Abbotsford Farm & Country Market

#1 - 31726 South Fraser Way, Abbotsford, BC V2T 1T9

Ph. 604-996-1542 Fax. 604-864-5769

info@abbotsfordfarmandcountrymarket.com



2012 Volunteer Application Form

Name: _____

Mailing Address: _____

City/Prov.: _____ Postal Code: _____

Phone: Home _____ Cell: _____

Work: _____ Fax: _____

Email: _____ Male _____ Female _____

Age: under 19 _____ 19-35 _____ 35-59 _____ 60+ _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Do you have previous volunteer experience? Yes _____ No _____

If No, skip next 3 questions **If Yes**, please answer the following:

Where did you volunteer? _____

What were your duties? _____

Volunteer Committee Desired: (please check all that apply)

_____ Greeting/info _____ Marketing team _____ Set-up/clean-up crew

_____ Customer liaison/counts/surveys _____ Administrative support

Availability: (please check all that apply) **Note:** Hours are flexible between 6:00am and 2:00 pm.

Please Select Market Dates you wish to volunteer at			
<input type="checkbox"/> May 12 <input type="checkbox"/> May 19 <input type="checkbox"/> May 26 <input type="checkbox"/> June 02 <input type="checkbox"/> June 09	<input type="checkbox"/> June 16 <input type="checkbox"/> June 23 <input type="checkbox"/> June 30 <input type="checkbox"/> July 07 (Berry Beat Festival – extended market) <input type="checkbox"/> July 14 <input type="checkbox"/> July 21	<input type="checkbox"/> July 28 <input type="checkbox"/> Aug 04 <input type="checkbox"/> Aug 11 <input type="checkbox"/> Aug 18 <input type="checkbox"/> Aug 25 <input type="checkbox"/> Sept 01	<input type="checkbox"/> Sept 08 <input type="checkbox"/> Sept 15 (Car Show – extended market) <input type="checkbox"/> Sept 22 <input type="checkbox"/> Sept 29 <input type="checkbox"/> Oct 06 <input type="checkbox"/> Oct 13

Special Training/Skills: _____

Letter of reference attached? Yes ____ No ____

In order to be considered for the position, please sign below if you agree to a police security check if needed.

Drivers License

Signature

Date

Office Use Only	
Supervisor:	Committee:
Comments:	