

PLEASE PRINT CLEARLY

Personal Name _____

Mailing Address _____

City _____ Postal Code _____

Phone _____ Email Address _____

Please indicate if you have any of the following:

Foodsafe certification: _____ Marketsafe certification: _____ First Aid Certification: _____

Do you have a current criminal record check (please circle): Yes No

Are you willing to have a criminal record check done, should we require it (please circle): Yes No

Why would you like to volunteer at the KFCM?: Tell us what skills/talents you have, to help ensure a better fit within the market .

Volunteering at the Kelowna Farmers and Crafters Market:

During the Covid19 outbreak, it is our intention to provide all volunteers, customers, vendors and staff with the safest conditions to work, shop and sell at the Market. We provide all volunteers with the information and equipment to safely perform duties within the Market.

We appreciate the opportunity to work with all volunteers.

Please check your interest in the following (between the hours of 8am-1pm Wed and Sat):

- Taking customer counts at specified intakes Assisting with crowd control in the Market
- Helping out with vendors or customers Ensuring all water/sanitizer/paper towel replenished
- Other _____

What hours and Days are you available: _____

I have read and understand the Rules of Operation of the Kelowna Farmers' and Crafters' Market, and agree to comply with them. The above information is certified to be accurate.

Print Name

Sign Name

Date
