

# Volunteer Application Form

All Market Guidelines Will Apply



Send this **COMPLETED FORM** to  
farmersmarket@yorkandvallette.com or 541 S York St, Elmhurst, IL 60126

First & Last Name		
Address		
City	State	Zip
Phone #		
Email		

**PREFERRED FORM OF CONTACT:**     EMAIL     PHONE

**AVAILABILITY:** Volunteer responsibilities include activities at the market (before & after)

**HOW MANY MARKET DAYS ARE YOU AVAILABLE:** \_\_\_\_\_

**HOW MANY HOURS PER MARKET DAY ARE YOU AVAILABLE:**

ALL DAY     PARTIAL DAY     REQUESTED TIME: \_\_\_\_\_

**SKILLS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTAL SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(If volunteer is under 18)