



# Exhibit Hall Volunteer Interest Form

August 8 - 11, 2019

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening No. (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

New Volunteer     Returning Volunteer    Over 18?: \_\_\_\_\_ If NO, how old? \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Yes, I would like one free season pass (for my own use) to the Fair.**  
*To be eligible to receive a Free Season Pass, you must volunteer for a minimum of six hours AND return this form by July 31.*

## Availability

Please select one or more shifts for which you would like to volunteer.

FROM: \_\_\_\_\_ : \_\_\_\_\_ TO \_\_\_\_\_ : \_\_\_\_\_ **Thursday, August 8, 2019 - Entry Day**  
(Assistance is needed from 12 noon until 9 pm)

FROM: \_\_\_\_\_ : \_\_\_\_\_ TO \_\_\_\_\_ : \_\_\_\_\_ **Friday, August 9 - Judging Day**  
(Assistance is needed from 9 am until 9 pm)

FROM: \_\_\_\_\_ : \_\_\_\_\_ TO \_\_\_\_\_ : \_\_\_\_\_ **Saturday, August 10 - Security**  
(Security is needed from 10 am until 9 pm)

FROM: \_\_\_\_\_ : \_\_\_\_\_ TO \_\_\_\_\_ : \_\_\_\_\_ **Sunday, August 11 - Security/Exhibit Release**  
(Security needed from 10 am until 5 pm)  
(Exhibit Release help needed from 5 pm to 8 pm)

I would rather assist with the following during the Fair: \_\_\_\_\_

### Please Select and Area of Interest:

Department: \_\_\_\_\_  Junior Division     Open Division

As a volunteer of the Bayfield County Fair, I represent the Fair to the public. As such, I agree to the following:

- ❖ I will be considerate at all times
- ❖ I will not inform the Judge which items belong to me or my family members
- ❖ The Judge has the final decision on how items place
- ❖ I give my permission to use any image(s) of me in all types of promotional materials
- ❖ I have not been convicted of crimes against children
- ❖ If I do not complete my minimum six (6) hours of volunteer time, I will reimburse the Bayfield County Fair The full cost of my season pass.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Return on or before July 31 to The Bayfield County Fair, Box 832, Washburn, WI 54891  
You can also find this form at [www.bayfieldcounty.org/fair](http://www.bayfieldcounty.org/fair)