DIVISION	

POLK COUNTY FAIR

Volunteer's Statement

Name					
	(Last)	(First)	(Middle)		
Home Addres	SS				
Home Phone_		Other Phone	Date of Birth		
In Emergency	, Notify		Shirt size		
an uncompens	sated volunteer	•	declares that he or she has chosen to participate in While Polk County deeply appreciates this public ulations:		
1.	inflicted by endischarge and claims for dea	mployees of Polk County, the pacquit Polk County and its o	ept with respect to injury or damage negligently person named above does hereby forever release, officers, agents and employees from any and all o property of any nature which may arise from, or this program.		
2.	The person named above recognizes that if he or she requires medical assistance while participating in this program, he or she agrees to pay any and all costs incurred or occurring a a result of injury or illness suffered while participating in this program. Consent is given to Polk County to arrange for any first aid or ambulance service if an employee or agent of Poll County is in a position to do so. The person named above agrees to abide by guideline explained to him or her by the person designated as supervisor of the program.				
3.	The person named above agrees not to use county-owned vehicles or power equipment, not to use privately owned power equipment, and to use his or her personal vehicles only when traveling to and from the place where the volunteer services are to be performed.				
4.	•	_	he or she is acting as a private and gratuitous e, agent, or contractor of Polk County.		
Date: Signature					
			(Volunteer)		
<u>NOTE</u> : GUA		SE OF A VOLUNTEER U SIGN THE STATEMENT B	INDER THE AGE OF 18, A PARENT OR ELOW:		
behalf of the	person named a	above, accept and assent to his	rent or legal guardian of the person named above, and stipulations above. I hereby personally, and on or her participation with the understandings and all assistance and release from liability set forth		
Date		Signature((Parent or Guardian)		

Ha	ve you had a	background	check ? Yes	_ No	_When and by wh	om	
		g to have a bac if you check N	ekground check NO	Yes	No		
	Yes:	_No:			ffenses against chi	ldren?	
	other person		d of a crime inv	olving p	ohysical harm to		
	Yes:	_No:	d of a crime inv				
	tnin the pas ft or dishon	-	e you been conv	victea o	f a crime involving		
	thin the past a controlled		e you been conv	victed o	f a crime involving	possession	
Ify	ves, please ex	plain:					_
Ap	proved by				_Date		
giv	e you a volu	nteer pass	•		g in must sign this me- includes a.m. o		the Fair Office to
VVI	Sunday	Monday	Tuesday	Wednesda		Friday	Saturday
		Monady	Tuesuay	,, canosa	111010000	11144	Saturday
fair bed Sm Par Bar Vo No Ter Har	rgrounds, are cause of the cooking is done not must be proportionally to	lose contact with the in designated alled up around must wear long to wear Fair T-sl weatpants of at work boots (not be med).	rn at all times weith the public and areas only. If the waist and not generate pants The provided being the pants and the waist and the pants are also being the pants are	while on a sometion of bagggroy the Fa	ir and worn correct	onal hygiene i area with oth	is very important er volunteers.

Conduct: Obey local, state, federal laws.

Accept support and/or supervision from Fair Management and Fair Board.

Treat other courteously. Be a positive role model. Exhibit good sportsmanship

Be courteous in the performance of my duties and do not use profane, insolent or offensive language when conducting business. As a volunteer you are a member of the public and have no status as an employee of Polk County.

Volunteers serve at the pleasure of the Polk County Fair Manager and/or his/her designee. Conduct or performance of an individual volunteer is subject to review and discipline that may lead up to and include dismissal of the volunteer. Volunteers who do not conduct themselves appropriately will be given 1) a verbal warning 2) a written warning 3) will be asked to leave

Establish and maintain safe environments for all participants. Act responsibly to protect participants. Provide for physical and emotional needs of participants during programs. Not withhold necessities nor use physical punishment. Communicate that verbal, emotional or physical mistreatment is unacceptable. Report suspected abuse to protect those who cannot protect themselves.

Handle equipment and machinery in a safe and responsible manner.

Treat animals humanely and provide them appropriate care.

Thave read, understand and agree to the Dress Code and C that any action on my part that contradicts any portion of the acceptance, suspension or termination of my volunteer role	hese expectations may be grounds for non-
Signature of Adult Volunteer	Date
These guidelines are not exhaustive and will be reviewed in	ı detail.
Media Relea	se
I give my permission to use my image, in videotape, audiot for promotional purposes related to the Polk County Fair. I in a variety of ways, including, but not limited to, print and my name and hometown to news media for recognition pro	understand that such images may be published electronic formats. In give permission to release
Signature of Adult Volunteer	Date