Common Ground Country Fair

PO Box 170 - Unity - ME - 04988 Ph: 207-568-4142 - Fax: 207-568-4141 www.mofga.org

GROUP VOLUNTEER REGISTRATION FORM

2006 Schedule

Set-Up: Saturday, September 16 -- Thursday, September 21 Fair: Friday, September 22 -- Sunday, September 24 Clean-Up: Monday, September 25 -- Sunday, October 8

<u>Please print neatly!</u> (If we can't read the form, the confirmation card won't get to you!) Use one form per person. Return form to: Common Ground Country Fair, PO Box 170, Unity, ME 04988 <u>by September 8, 2006.</u>

| Jame | of Organization:V | Vork Phone: | | | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--|--|--|
| ddre | ess: | | | | | |
| ity: _ | State: Zip: Email: | | | | | |
| | Have you ever volunteered at the Common Ground Country Fair? | Please YES | circle one: NO | | | |
| | Are you interested in learning more about year-round volunteer opportunities? | YES | NO | | | |
| | Are you a MOFGA member? | YES | NO | | | |
| | How many volunteers will come in your group? | | | | | |
| | | | | | | |
| | Would you like your confirmation cards: All mailed to you? or Mailed to | o the individu | al volunteers | | | |
| | Would you like your confirmation cards: All mailed to you? <i>or</i> Mailed to Names, addresses and T-shirt sizes of the volunteers in your group (if known at thi (<i>T-shirt sizes available: CHILD: LG; ADULT: SM, MED, LG, X-LG, XX-L</i>) | s time): | al volunteers | | | |
| | Names, addresses and T-shirt sizes of the volunteers in your group (if known at thi | s time): | | | | |
| | Names, addresses and T-shirt sizes of the volunteers in your group (if known at thi (<i>T-shirt sizes available: <u>CHILD</u>: LG; <u>ADULT</u>: SM, MED, LG, X-LG, XX-L</i> | s time): .G, XXX-LG) | | | | |
| 1. | Names, addresses and T-shirt sizes of the volunteers in your group (if known at thi (<i>T-shirt sizes available</i> : <u>CHILD</u> : LG; <u>ADULT</u> : SM, MED, LG, X-LG, XX-L | s time): .G, XXX-LG) | | | | |
| 1 2 | Names, addresses and T-shirt sizes of the volunteers in your group (if known at thi (<i>T-shirt sizes available: <u>CHILD</u>: LG; <u>ADULT</u>: SM, MED, LG, X-LG, XX-L Name Address</i> | s time): .G, XXX-LG) | T-shirt Size | | | |
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(use additional sheets if necessary)

Please review the Volunteer Job Descriptions list. Not all categories are appropriate for Group Volunteering. Those areas most able to accommodate groups are marked with an 'x' on the form.

We will try to honor your first choice, but in case we cannot, please indicate a second choice for each day and time. One shift is 4 hours. If you wish to volunteer for more than 4 shifts (THANKS!!), just attach another sheet. We will send a confirmation card to you in the mail.

| FIRST SHIFT | (4 Hours | unless otherwise noted on Volunteer Job Descriptions list) |) | | | | | | |
|-------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|--------------------|---------------|--|--|--|--|
| 1st Choice: | AREA | DAY: | 5 | START TIME: | | | | | |
| 2nd Choice: | AREA | DAY: | 5 | START TIME: | | | | | |
| SECOND SH | IFT (4 Ho | urs unless otherwise noted on Volunteer Job Descriptions | list) | | | | | | |
| 1st Choice: | AREA | DAY: | 5 | START TIME: | | | | | |
| 2nd Choice: | AREA | DAY: | 9 | START TIME: | | | | | |
| THIRD SHIF | T (4 Hou | rs unless otherwise noted on Volunteer Job Descriptions lis | st) | | | | | | |
| 1st Choice: | AREA | DAY: | 9 | START TIME: | | | | | |
| 2nd Choice: | AREA | DAY: | 9 | START TIME: | | | | | |
| FOURTH SH | IFT (4 Ho | urs unless otherwise noted on Volunteer Job Descriptions | list) | | | | | | |
| 1st Choice: | AREA | DAY: | 9 | START TIME: | | | | | |
| 2nd Choice: | AREA | DAY: | | START TIME: | | | | | |
| Occasionally, where we nee | we are u | nable to accommodate either your first or second choice. ease check one. | lf that is th | e case, may we | assign you | | | | |
| | 1. | Yes. | | | | | | | |
| | 2. Yes, but not on/at/in the following day(s)/time(s)/area(s): | | | | | | | | |
| | 3. | No, I can only work the day(s)/time(s)/area(s) indicated | on page on | ne of this applica | ation. | | | | |
| If you have ar please list the | | skills, (e.g., carpentry, electrical wiring, painting, cookin | g, etc), or | r if you have an | y comments, | | | | |
| DO YOU HAVE ANY FRIENDS WHO ARE INTERESTED IN VOLUNTEERING? | | | | | | | | | |
| | | to is interested in volunteering at the fair, feel free to make ses here. PLEASE PRINT LEGEBILY | copies of th | his registration f | form, or list | | | | |
| | Name | Address | City | State | Zip | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 2 | | | | | | | | | |

<u>THANKS FOR YOUR PARTICIPATION</u>. Please photocopy the next page and have each volunteer under the age of 18 complete the form and have it signed by a parent or guardian.

IMPORTANT INFORMATION FOR YOUNG VOLUNTEERS

| • | Ground Country Fair and are under the age of 18, you between the ages of 10-12 must be accompanied by a | • |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| conscientious. I understand that strenuou occasions may arise when volunteers will son/daughter/ward to serve as a volunteer | lunteer), age (age of volunteer), is capable, constant potentially dangerous assignments may be given have no direct supervision. Nonetheless, I grant my peer. In the event of a medical emergency while he/she ze whatever emergency medical treatment is deemed | en to volunteers, and that permission to my is volunteering for the |
| Signature of Parent of Guardian | Relationship/Nature of Authority | Date |
| | | |
| | | |
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