



**PARIS
AGRICULTURAL
SOCIETY**

Home of the
Labour Day Paris Fair
&
Community Events Facility



Paris Agricultural Society Volunteer Information Form

Please Print:

Name _____ Address _____

City _____ Postal Code _____

Phone/Cell #: _____ Email: _____

How would you prefer to be contacted? Phone/Text/Email

May we send reminders about upcoming events? Yes _____ No _____

I would like to volunteer for.....Please check all that apply:

- | | | | |
|-------------------------------|--------------------------|-----------------------|-----------------------|
| 50/50 Ticket Selling | Ag Awareness | Archival | Fair Set Up |
| Historical Show | Admission Gates | Parking | Safety |
| Commercial Vendor Host | Information Booth | Shuttle Driver | Tractor Driver |

Do you have any of the following:

- | | |
|---|-------------------------------------|
| iv) Safe Food Handling Certificate | ii) Smart Serve Certificate |
| iii) "G" License | v) Other Certificates: _____ |

Our society will collect use, and disclose information about you for the following purposes only:

- To contact you with pertinent information
- To communicate with other Agricultural Groups (Association, District, and Societies)
- To keep an accurate volunteer list
- To comply with legal and regulatory requirements including information to the Minister of Agriculture and Food
- To deliver pertinent information to the Insurance Carrier
- For teaching and demonstrative purposes on an anonymous basis
- To assist the Society in complying with all regulatory requirements within the law.

Volunteer Consent: I have reviewed the above information and agree that the Society may collect, use and disclose personal information about me as set out above. I understand the members of Paris Agricultural Society, including executive members, are volunteers of the society and as such are immune from civil liability for any act of omission resulting in personal loss, insult, or injury incurred in the activities of the society. I am willing to submit to a Security check if required.

Signature _____ Date _____