



Paris Agricultural Society

THE HOME OF THE PARIS FAIR & COMMUNITY EVENT FACILITY



2022 Volunteer Information Form

First Name _____
 Last Name _____
 Address _____
 City/Prov/PC _____
 Home Phone _____ Cell Phone _____
 Email _____

I am interested in volunteering for the following types of activities:

Paris Fair		Special Events	
<input type="checkbox"/>	Admission Gates	<input type="checkbox"/>	Safety
<input type="checkbox"/>	50/50 Ticket Sales	<input type="checkbox"/>	Sanitation
<input type="checkbox"/>	Information Booth	<input type="checkbox"/>	Parking
<input type="checkbox"/>	Fair Set Up	<input type="checkbox"/>	Set Up
<input type="checkbox"/>	Parking	<input type="checkbox"/>	Admission
<input type="checkbox"/>	Shuttle/Tractor Driver	<input type="checkbox"/>	Entertainment
<input type="checkbox"/>	Committee Member	<input type="checkbox"/>	Grounds Maintenance
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	Anything (Need volunteer hours)		

Do you have any of the following:

Safe Food Handling Certificate Smart Serve Certificate "G" License

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 _____