



# Camarillo Certified Farmers Market

A PROJECT OF CAMARILLO HOSPICE

## MARKET VOLUNTEER APPLICATION

Thank you for volunteering to be a Camarillo Hospice Certified Farmers Market volunteer. Your information will be kept confidential and is for the purposes of this application only. Please complete and return this application to one of the Market Managers or to the Camarillo Hospice office.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact (name, relationship, phone): \_\_\_\_\_

Personal Reference (name, relationship, phone): \_\_\_\_\_

Personal Reference (name, relationship, phone): \_\_\_\_\_

Which shift do you prefer:     7:00 to 10:00 AM     10:00 AM to 1:00 PM

Which Saturdays of the month:     1st     2nd     3rd     4th     5th

Are you interested in becoming a Market Manager?     Yes     No

Comments: \_\_\_\_\_

I certify that the information provided is accurate and complete. I understand that any false information will be sufficient cause for my application to be rejected and/or result in my dismissal as a volunteer.

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

CAMARILLO HOSPICE

400 Rosewood Avenue, #102, Camarillo, CA 93010

Phone 805-389-6870 • Fax 805-389-0296 • info@camarillohospice.org • www.camarillohospice.org