



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you required to do Community Service to satisfy a school requirement? YES NO If yes, by whom? _____

Are you required to do Community Service to satisfy a court-order? YES NO If yes, by whom? _____

Have you ever been convicted of a felony? (Criminal Convictions will not necessarily disqualify applicants.) YES NO

If yes, explain: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Emergency Contact Information

Name of Contact: _____ Relationship to you: _____

Address / City / State / Zip: _____

Volunteer/Community Service Agreement and Release Form Liability

Voluntary Participation:

I acknowledge that I have voluntarily applied to work at the Hammond Farmers Market. I understand that as a Community Service person, I: will not be paid for my services, will not be covered by any medical or other insurance coverage provided by the Hammond Farmers Market, and will not be eligible for any Workers' Compensation benefits.

Release:

In consideration of the opportunity afforded me to assist in this program, I hereby agree that I, heirs, guardians, and legal representatives, will not make a claim against the Hammond Farmers Market or the Hammond Downtown Development District or either of their officers, vendors, or directors collectively or individually or any of the Community Service workers for the injury or death to me or damage to my property, however caused, arising from my participation with the program. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation with the program. I further consent to the unrestricted use by the Hammond Farmers Market and the Hammond Downtown Development District and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar recording of me.

Signature: _____ Date: _____

Parent/Guardian (if under age 18): _____ Date: _____

Please fax, email or mail this application to:

Michelle Kendall, Hammond Farmers Market Manager
#2 West Thomas Street
Hammond, LA 70401

(985)277-5682
hammondmarket@gmail.com