

**Agricultural Institute of Marin
Volunteer Program Application**



Name: _____

Home Address: _____

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

Emergency Contact: _____ Emergency Phone: _____

Email: _____

Employer and Secondary Contact Information: _____

Days/Markets you are available to volunteer:

Tues (Novato) Wed (Fairfax) Thurs (San Rafael) Sat (Marin City) Sun (San Rafael)
Saturday (Hayward) Saturday (Oakland) Sunday (Stonestown) Sunday (Newark)

Why are you interested in volunteering with one of our farmers markets?

What is the length of time you wish to commit to volunteering (one time per month / one year minimum)?

Volunteer Agreement:

I agree that I will fulfill any commitments I make to the Agricultural Institute of Marin and will find a replacement for myself should I have to cancel any volunteer commitment.

While volunteering for the Agricultural Institute of Marin, I agree to only represent Agricultural Institute of Marin and not other interests (business, political or personal) while I am volunteering. Any and all personal business must occur while not volunteering. I understand that actions that promote other interests or are disrespectful of market producers or public at the market are grounds for immediate dismissal as a volunteer.

I agree to commit to volunteering for the Agricultural Institute of Marin for one year, a minimum of one market per month, and will adhere to the training procedures of the Agricultural Institute of Marin.

Signature: _____ Date: _____