

## **STUDENT VOLUNTEERS**

Thank you for your interest in volunteering at the Brockton Farmers Market! Our teen volunteer program is open to high school students who are looking to help out and make a difference in the community.

	the form below and retu					
Name:		Date of Birth:		Today's Date:		
Mailing Addre	ss:					
City:		State:		Zip Code:		
Phone Number:		Email Address:				
School:				Grade:	Grade:	
Emergency Co	ntact:		Rela	tionship:		
Phone Number:		Alternat	te Phone N	umber:		
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## Please read the following with a parent or guardian and sign:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation as a Brockton Farmers Market teen volunteer. I also agree to indemnify, hold harmless, and release Brockton Farmers Market, Inc and the City of Brockton, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or recording taken of my child/ward's participation in the volunteer activity may be used for outreach, education, or documentation purposes by the Brockton Farmers Market.

Parent: I agree to	the above statement.				
Yes	Signature:	_Date:			
•	y volunteer work is a commitment. When I cannot w Manager as soon as possible. If I decide to stop v	g ,			
Youth Volunteer: I agree to the above statement.					
Yes	Signature:	_Date:			
	it is okay to use your teenager in photos to promote ial media such as Facebook.	the Market and its services.			
Yes					
lf you would	like more information or have any questions fe	eel free to contact me!			
Ion Van Kuiken – Ma	orket Manager				

jon@brocktonfarmersmarket.com

312-213-2266