

Springwater Fiddlers Fair & American Crafts Show

Sept. 17, 2011 10am-6pm

Volunteer Application

Name (Last): _____ (First): _____ (Middle): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about volunteering for the festival? _____

Please take a look at the list of jobs below. If you would like to help in a specific area, we will do all we can to place you in that role but cannot positively guarantee it. First shift begins at 9:30am unless otherwise noted.

T-Shirt/poster sales _____ Hours available _____

Woods _____ Hours available _____

Relief for lunch breaks _____ Hours available _____

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Parking (2 hour increments)_____ Hours available_____

Maintenance (begins at 2pm)_____ Hours available_____

Musician sign-in table_____ Hours available_____

Set Up (Friday 2-8pm)_____ Hours available_____

Are there any factors, which prohibit you from performing certain tasks (standing, walking, etc)

**Any questions: Amy 585-374-1334
berthaskid@gmail.com**

**Please return completed form to:
(Or complete at volunteer meeting prior to Fair)**

Springwater Fiddlers Fair & American Crafts Show

Box 105 Springwater NY 14560-0105

The Fiddlers Fair is solely a volunteer effort.

**We sincerely appreciate your commitment of time and energy to
help make it happen.**
