



Sundays 10 am – 2 pm - May 16th to October 10th

P.O. Box 534, Williamston, Michigan 48895

Jane Reagan, Volunteer Committee (Scheduling): JaneEllenReagan@gmail.com 517-525-4177
Carol Grainger, Volunteer Committee (Recruitment): grainger.carol.cl@gmail.com 517-449-7832

VOLUNTEER APPLICATION

Please fill out this form and return to the Volunteer Recruitment Coordinator, Sowing Growth, P.O. Box 534, Williamston, MI. Upon approval, you will be contacted for an orientation based on your interests. **NOTE: Volunteers do not need to commit for the whole season. You can sign up for specific dates and times during the Market season.**

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address(es): _____

Primary Phone #: _____ Second Phone #: _____

501c3 Number (if appropriate): _____

Do you have any medical condition(s) of which the Market Manager should be aware? (If yes, please explain):

Volunteering Activities - Suggested but not limited to:

- | | |
|--|---|
| <input type="checkbox"/> Music Scheduling | <input type="checkbox"/> Market set up (arrive at 8am) |
| <input type="checkbox"/> Market Break Down (arrive by 1:45) | <input type="checkbox"/> Customer Assistance/Surveys |
| <input type="checkbox"/> Power of Produce Project (children) | <input type="checkbox"/> Seedlings & Sprouts Children's Booth |
| <input type="checkbox"/> Information/Bank Booth | <input type="checkbox"/> Cooking Demo Support |
| <input type="checkbox"/> Publicity/Social Media | <input type="checkbox"/> Food Truck Throw-Down (pending) |

When would you like to help? (check the box or **highlight** the dates you can help. If you would like to volunteer for all season except for certain date/s, you can put a straight line through the dates you are unavailable):

Please sign up for as many as you can!

All Markets

Food Truck Throwdown (Date TBD)

May - 16, 23, 30

Aug - 1, 8, 15, 24, 29

June - 6, 13, 20, 27

Sept - 5, 12, 19, 26

July - 4, 11, 18, 25

Oct - 3, 10

Please list other skills/preferences/ways you would like to help (such as budget development, fundraising, graphic arts, Webmaster, writing/editing, etc.): _____

Market volunteers wear lime green Market vests or T-shirts. If you are volunteering for multiple dates, you have a choice between a T-Shirt or Apron. Please indicate your preference: T-Shirt Apron

Men's Shirt Size (circle or highlight): S M L XL XXL (for volunteers who get Market T-Shirts)

Print Name of Primary Emergency Contact Person: _____

Phone Number(s): _____

Print Name of Secondary Emergency Contact Person(s): _____

Phone Number(s): _____

Volunteer (over 18 years of age)

Signature: _____ Date: _____

Permission to Record and Photograph

By signing this volunteer application, you grant permission for Sowing Growth/Eastern Ingham Farmers Market the right to include your name, photographs, and recordings to publish and market our activities without compensation. These promotions may be featured electronically on our websites/Facebook page and in local publications. If you are engaged in Market activities, you may be included in photos, news publications, and videos without notification.

The EIFM provides an engaging opportunity for residents of the Williamston area to experience a connection with neighboring vendors and locally grown vegetables, fruits, meats, flowers; locally produced cheeses, breads, and other prepared foods; and artisan handcrafted products.

For more information, find us on Facebook or at www.EasternInghamFarmersMarket.org

PARENTAL PERMISSION FOR VOLUNTEERS WHO ARE MINORS (UNDER AGE 18)

If you are under the age of 18, we welcome you to volunteer with parental permission. Please have your parent sign below, giving Sowing Growth/Eastern Ingham Farmers Market permission to enlist you in Market activities. Also, please note that this consent includes the same **Permission to Record and Photograph**, as stated above.

Parental/Guardian Signature: _____ Date: _____