



Camarillo Certified Farmers Market

A PROJECT OF CAMARILLO HOSPICE

MARKET VOLUNTEER APPLICATION

Thank you for volunteering to be a Camarillo Hospice Certified Farmers Market volunteer. Your information will be kept confidential and is for the purposes of this application only. Please complete and return this application to one of the Market Managers or to the Camarillo Hospice office.

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact (name, relationship, phone): _____

Personal Reference (name, relationship, phone): _____

Personal Reference (name, relationship, phone): _____

Which shift do you prefer: 7:00 to 10:00 AM 10:00 AM to 1:00 PM

Which Saturdays of the month: 1st 2nd 3rd 4th 5th

Are you interested in becoming a Market Manager? Yes No

Comments: _____

I certify that the information provided is accurate and complete. I understand that any false information will be sufficient cause for my application to be rejected and/or result in my dismissal as a volunteer.

Signature: _____ Date: _____

CAMARILLO HOSPICE

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