

VOLUNTEER APPLICATION

CAPITAL LAKEFAIR
OLYMPIA, WA

NAME _____

ADDRESS _____

CITY, ZIP _____

HOME PHONE _____

BUS. PHONE _____

CELL PHONE _____

Email Address: _____

Which of the following areas are you interested in volunteering for:

- | | |
|--|---|
| <input type="checkbox"/> ALLIED EVENTS | <input type="checkbox"/> ARTS & CRAFTS |
| <input type="checkbox"/> FAIR FACILITIES | <input type="checkbox"/> FOOD CONCESSIONS |
| <input type="checkbox"/> FLOAT | <input type="checkbox"/> KIDS' DAY |
| <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> PARADE |
| <input type="checkbox"/> MARKETING | <input type="checkbox"/> 50+ AT THE PARK |
| <input type="checkbox"/> ROYALTY | <input type="checkbox"/> ATHLETIC EVENTS |

Signature: _____

Date: _____

Capital Lakefair shall not discriminate against an employee or client on the grounds of race, creed, color, national origin, age, sex, marital status, veteran status, sexual orientation, or the presence of any disability.