

Centerville Main Street Market (CMSM) Volunteer Application

First & Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Emergency Contact Name _____ Relationship to you _____

Emergency Contact Phone Number _____

Are you 18 years old or older? Yes No If no, what is your date of birth? _____

What volunteer activities are you interested in?

☐ Onsite Market volunteer – assist with set up/take down & help during Market hours

Circle which shift or both: Pre-Market 4:30-6pm Post-Market 6-8pm

☐ Media Promotion – add flyers to businesses, post on social media, write press release

☐ Vendor Recruitment – assist with finding vendors

Liability Release

In signing below, I hereby release, indemnify, and hold harmless the Centerville Main Street Market (CMSM), its officers, directors, and employees, and the organizers, sponsors, and supervisors of all CMSM activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with CMSM.

Media Release

In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with CMSM. I understand that CMSM will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in CMSM materials such as printed publications, its website videos, social media, grant proposals, and promotional materials to support CMSM.

Signature: _____ Date: _____

For questions/concerns: info@centervillemn.com