



Kitsap Regional Farmers Market Association, Operating the
Port Orchard Farmers Market
2022 MARKET VOLUNTEER APPLICATION

NAME _____
please print: first initial last Date

MAILING ADDRESS _____ CITY, STATE, ZIP _____

EMAIL _____

CELL # _____ OTHER PHONE # _____

Emergency Contact Name: _____ Phone Number: _____

Are you currently employed or in school? _____ Occupation: _____
check if yes

I'm interested in volunteering in the following ways (please ✓)

On Saturdays: market hours are 9am-2pm

- _____ set up market booths / signs @6-8:30am
- _____ take down market booths / signs @2:15-3:15pm
- _____ carry out assistance for customers
- _____ market booth volunteer (will not be handling money)

On Saturdays and / or planning during the week:

- _____ help with special events (tomato taste off, chef demos, music, etc)
- _____ help with kids events (Power of Produce (PoP) program, reading day, art projects)
- _____ assist with social media postings – take photos at market, post to FB and other sites
- _____ do you have other skills and abilities you'd like to offer?
_____ website management _____ art/graphic design _____ publicity

List other skills or talents you can share (event planner, juggler, writer, artist, etc):

Please feel free to add comments or ask questions here:

List previous or current volunteer experience:

Organization	Position / Major Responsibility	Dates (yy/mm)	
		From:	To:

List relevant employment / training:

Organization	Position / Major Responsibility	Dates (yy/mm)	
		From:	To:

Signature of Applicant

Date

Signature of parent or guardian if minor

Date

THANK YOU FOR YOUR INTEREST IN SUPPORTING OUR LOCAL FARMERS MARKET BY VOLUNTEERING!

Please send completed, signed application along with the following Consent for Background History Check to *The Port Orchard Farmers Market (make a copy for yourself)* to:

Attn: Market Manager
Port Orchard Farmers Market
P.O. BOX 8247
Port Orchard, WASHINGTON 98366

Office use only:
received on _____
Mngr or EC initials: _____

or email it to: manager@pofarmersmarket.org

Please CONTACT the Market Manager @ (360) 602-1022 or manager@pofarmersmarket.org or the Board President at president@pofarmersmarket.org if you have questions.

We will contact you after we receive your application to discuss available volunteer opportunities and how they fit with your schedule.

Port Orchard Farmers Market

P.O. Box 8247 Port Orchard, WA 98366

pofarmersmarket.org

Consent for Background History Check

Each employee or volunteer to be screened must sign an authorization/waiver/indemnity form, giving approval for Kitsap Regional Farmers Market, Operating the Port Orchard Farmers Market (KRFMA/POFM) to perform a criminal background check. Employment is conditioned on acceptable results from a Background History Check.

Washington State Law:

RCW 43.43.834

Background checks by business, organization, or insurance company—Limitations—Civil liability.

(1) A business or organization shall not make an inquiry to the Washington state patrol under RCW 43.43.832 or an equivalent inquiry to a federal law enforcement agency unless the business or organization has notified the applicant who may be offered a position as an employee or volunteer, that an inquiry may be made.

(2) A business or organization shall require each applicant to disclose to the business or organization whether the applicant:

(a) Has been convicted of a crime;

(b) Has had findings made against him or her in any civil adjudicative proceeding as defined in RCW 43.43.830; or

(c) Has both a conviction under (a) of this subsection and findings made against him or her under (b) of this subsection.

(3) The business or organization shall pay such reasonable fee for the records check as the state patrol may require under RCW 43.43.838.

(4) The business or organization shall notify the applicant of the state patrol's response within ten days after receipt by the business or organization. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

(5) The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited, except as provided in RCW 28A.320.155. A business or organization violating this subsection is subject to a civil action for damages.

(6) An insurance company shall not require a business or organization to request background information on any employee before issuing a policy of insurance.

(7) The business and organization shall be immune from civil liability for failure to request background information on an applicant unless the failure to do so constitutes gross negligence.

I hereby give my permission to KRFMA/POFM to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time.

I understand that I will have an opportunity to review the criminal history as received by KRFMA/POFM.

I understand KRFMA/POFM will also perform online searches of public records.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any

false information submitted in this application may result in my discharge.

I, the undersigned do hereby release and forever discharge and agree to indemnify the KRFMA / POFM and each of their officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever (including claims for negligence, gross negligence, and/or strict liability of the KRFMA / POFM) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

Applicant's Signature _____
Date

Parent or Guardian Signature (if applicant is under 18 years) _____
Date

Applicant's Printed Name (last, first, middle) _____

List maiden name or any other name(s) used _____

Gender: Male ___ Female ___ Date of Birth (month/day/year) _____

Addresses for the past five years:

Current Address: _____	_____	_____	_____
Street	City	State	# Yrs at Address
Previous Address: _____	_____	_____	_____
Street	City	State	# Yrs at Address
Previous Address: _____	_____	_____	_____
Street	City	State	# Yrs at Address
Previous Address: _____	_____	_____	_____
Street	City	State	# Yrs at Address

office use only:

Background check search completed by: _____ on _____

Sex Offender search completed by: _____ on _____

Results shared with Applicant by: _____ on _____