



**Pacific Coast Farmers' Market Association  
and Fresh Approach**  
5060 Commercial Circle Suite A  
Concord, CA 94520  
925.825.9090



## Volunteer Application

*Thank you for your interest in volunteering with the Pacific Coast Farmers' Market Association and Fresh Approach. The contributions of volunteers like you are invaluable. We will do everything we can to ensure that your volunteer experience is fun and rewarding. We appreciate your time and effort in filling out this application. When completed, please return to the Volunteer Coordinator at [volunteers@pcfma.com](mailto:volunteers@pcfma.com) or fax it to 925.825.9101. Upon receiving your application, the Volunteer Coordinator will contact you within two business days to discuss what comes next.*

*For questions or more information about volunteer opportunities please contact the Volunteer Coordinator at [volunteers@pcfma.com](mailto:volunteers@pcfma.com) or at 925.825.9090.*

***We respect your privacy. The information you provide to us will not be sold, lent or shared with any other organizations. We will not use this information for any other purpose without your permission.***

**Contact Information** (Please answer all questions in this section.)

Applicant name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Best method and time to reach you: \_\_\_\_\_

***In Case of Emergency*** (We like to be prepared so *please* answer all of the questions in this section.)

Emergency contact person name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best phone for emergency contact: \_\_\_\_\_

Do you have any medical conditions that may affect your ability to function as a PCFMA/Fresh Approach volunteer, or do you require any special accommodations that the volunteer coordinator should be aware of?

Yes

No

If yes, please describe:

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**Availability** (The information you provide us here will help us to find volunteer opportunities that are convenient for your schedule.)

When are you available to begin volunteering? \_\_\_\_\_

How long of a time period are you able to commit? \_\_\_\_\_

Please indicate the days and times that you are usually available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Additional availability information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills & Experience** (These questions are optional but the more you tell us the quicker we will be able to find a volunteer position for you that you will enjoy.)

Why do you want to volunteer at PCFMA/Fresh Approach? What are you hoping to gain from this volunteer experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With which programs are you most interested in volunteering?

Farmers' Market, please list preferred locations: (see [www.pcfma.com/markets](http://www.pcfma.com/markets) for more info about farmers' market locations and operating dates and times)

\_\_\_\_\_

Mobile Farmers' Market truck

- Richmond       San Pablo       Concord       Pittsburg       Brentwood

Nutrition education programs

- Alameda County       Contra Costa County       San Francisco  
 San Mateo County       Santa Clara County       Solano County

Unsure

What experiences have you had that may prepare you to work as a volunteer at a farmers' market or in the field of nutrition education and outreach?

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Please describe your prior volunteer experience (include organization names and dates of service)

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Do you have any special skills or training that may be of assistance?

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Do you speak any languages other than English? Would you be comfortable serving as a translator at one of our events?

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Will you be seeking proof of volunteer hours or school credit for your service? If yes, for which school or organization? \_\_\_\_\_

**Additional Information** (If you are applying for a volunteer position to work directly with potentially vulnerable populations such as children or the elderly, or for a volunteer position that may involve working with money, please complete this section. In some cases state and local regulations may also require that you undergo a background check.)

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

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***Please read the following carefully before signing this application:***

I understand that this is an application and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Fresh Approach/Pacific Coast Farmers' Market Association that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Fresh Approach/Pacific Coast Farmers' Market Association. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Fresh Approach/Pacific Coast Farmers' Market Association or my termination as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If the applicant is under 18 years of age this form must be signed by a parent or guardian.***

I \_\_\_\_\_ (please fill in your name) am the parent/guardian of the above minor applicant who was born on \_\_\_\_\_. I have given him/her permission to submit this application for a volunteer position with Fresh Approach/Pacific Coast Farmers' Market Association and if he/she is accepted for a volunteer position I commit to remain in communication with him/her to assess the volunteer assignments he/she is given and to immediately inform Fresh Approach/Pacific Coast Farmers' Market Association of any concerns I may have.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_