



Locust Grove Volunteer Information 2021
Effective for the 18th Century Market Fair
October 30-31

Name _____ Phone (H) _____ Phone (C) _____

Address _____ City & State _____ Zip _____

Occupation _____ Work Phone _____

Email Address _____

Spouse _____ Phone _____

Local Emergency Contact: _____ Phone _____

Alternate Emergency Contact: _____ Phone _____

Any Medical Conditions, Allergies, or Special Medical Instructions: _____

Date of Birth: MM _____ DD _____ YR _____ Military Experience/Branch: _____

By agreeing to serve as a Locust Grove volunteer during the dates stated above, I understand that I will be subject to and enjoy the benefits of all Locust Grove volunteer opportunities, policies, and documentation requirements as managed by the Director of Education and Interpretation. This applies whenever acting as part of Locust Grove programming, on or off site.

Today's Date: _____

Signature: _____