



P.O. Box 11766 Tampa, Florida 33680

## 2025 FLORIDA STATE FAIR VOLUNTEER APPLICATION

Please check one:  New Volunteer  Returning Volunteer

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Winter Address: \_\_\_\_\_ Summer Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone#1: \_\_\_\_\_

Phone#2 : \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # : \_\_\_\_\_

Do you have a valid Driver's License?  If so, which state: \_\_\_\_\_

Is this your first-time volunteering for the Florida State Fair?  Please tell us, how you first heard about our volunteer program?

\_\_\_\_\_

Do you have any special skills that you are willing to share? (ex. Photography, technology, sewing, carpentry, etc.)

\_\_\_\_\_

If you have any special/physical needs that need to be considered, please list them here:

### **VOLUNTEER ACKNOWLEDGEMENT AND RELEASE** (Please read, initial and date below)

I am about to undertake certain activities of my own free will and entirely upon my own initiative as a volunteer to the Florida State Fair Authority, more particularly described as a volunteer at the 2025 Florida State Fair. In consideration of the Florida State Fair Authority to participate and to engage in all activities related to the performance of my volunteer activities, I hereby voluntarily assume all risks associated with these activities and agree to waive, release, exonerate, save harmless, and indemnify the Florida State Fair Authority, its agents, servants, and employees from any and all liability, claims, causes of actions or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activities. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family. I further grant permission to the Florida State Fair to use, without cost or approval, any photographs, videos, or audio taken of me while I am volunteering in Florida State Fair activities.

Initial here if you agree to the above: \_\_\_\_\_ Date: \_\_\_\_\_

You will be able to schedule yourself for the positions and hours for which you would like to volunteer. Every effort will be made to accommodate your wishes, however, flexibility is always appreciated.



## Florida State Fair Volunteer Agreement

*"We make a living by what we get, but we make a life by what we give."* - Winston Churchill

P.O. Box 11766 Tampa, Florida 33680

I understand that I am a volunteer for the Florida State Fair Authority, contributing my services to the State Fair without pay or other compensation. As a volunteer, I represent the Florida State Fair (FSF) to its visitors and the community. I will comply with the following expectations:

- I will not create the impression that I speak for FSF in public comments and will direct media inquiries to the Executive Director.
- I understand that I am not to drive FSF vehicles or use my personal vehicle for FSF business. I may, however, be allowed to operate a Florida State Fair sanctioned vehicle on Fairgrounds if assigned by a member of the FSF administrative staff.
- The Florida State Fairgrounds is a Smoke Free and Drug Free work environment. I understand I will not use, possess, distribute, or dispense controlled substances in the workplace. In keeping with the intent to provide a safe and healthy work environment, I will not smoke, vape, or drink alcoholic beverages while performing my duties as a volunteer. For those who smoke cigarettes, please use the outdoor designated smoking areas before or after your allotted volunteer schedule. Smoking is prohibited in company vehicles.
- Prescription drugs may not be brought on FSFA property by any volunteer other than the volunteer for whom they were prescribed. Such drugs may be used only in the manner, combination and quantity prescribed.
- Volunteers who must use a prescription drug that causes adverse side effects (such as drowsiness or impaired reflexes or reaction time) must inform the Volunteer Coordinator that they are taking prescription medication that causes certain side effects on the advice of a physician. If the side effects of a prescription drug's use could cause safety problems, the volunteer may want to temporarily suspend their duties. Please refer to the Volunteer Handbook.
- I understand that harassment of any kind, including sexual harassment, is illegal under Federal and State laws and against FSF policy. Such behavior will not be tolerated and constitutes misconduct. This includes unwanted verbal or physical advances, objectionable joking and derogatory statements or remarks found offensive by others.
- I will dress appropriately for the task that I am performing. This includes but not limited to:
  - closed toe and closed heel shoes
  - finger-tip length shorts or skirts.
  - FSF Volunteer tee shirt
  - FSF Volunteer name tag
  - Visor, hat, or apron (if required)
- I understand that my behavior with FSF employees, visitors and other volunteers will be civil and respectful in word, tone, and manner.
- I will bring complaints or concerns to the Volunteer Coordinator, if necessary. Discussions regarding disagreements or complaints must be discussed in private with the Volunteer Coordinator out of earshot of visitors, employees, or other volunteers.
- I understand that visitors, staff, and other volunteers are depending on me to be punctual. I understand that I must notify the Volunteer Coordinator at least 24 hours in advance if I am unable to follow through on planned commitments.
- Accurately documented volunteer hours are extremely important. It provides data for funding, volunteer trends as well as indicators for other events and activities. I understand the importance of officially logging my volunteer hours in **VicNet** the online volunteer website (<https://www.volgistics.com/ex2/vicnet.dll?FROM=111108>) or manually on the paper Volunteer Records Hour Sheet.
- I give permission to be photographed and allow FSF Authority to release said pictures for publicity and marketing purposes.
- I agree to follow all safety protocols set forth by the Florida State Fairgrounds Safety Plan.



P.O. Box 11766 Tampa, Florida 33680

I have read and understand the description of the volunteer program as described in the Volunteer Handbook. I understand there may be potential hazards and risks of the activity or activities of which I am assigned. I hereby assume such risks and, following appropriate medical consultation with my personal physician, I have determined that my health is adequate to participate safely in this program. I acknowledge that I have voluntarily chosen to participate safely in this program. I acknowledge that I have voluntarily chosen to participate in the Volunteer Program conducted by FSF.

I, \_\_\_\_\_, in consideration for serving as a **Volunteer**.  
*(Please Print Your Name)*

for the Florida State Fair ("Activity"), hereby release, waive, discharge the Florida State Fair Authority, their officers, contractors, agents, or employees, (hereinafter referred to as the ("Authority")) from any and all liability, claims, demands, actions, and causes whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me or to any property belonging to me, or otherwise, while in, on or upon the premises and covenant not to sue the Authority in connection with the same. It is my express intent that this Agreement shall be deemed as a release, waiver, discharge, and covenant not to sue the authority. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Florida.

FURTHERMORE, I assume all risks of bodily injury to myself, and give permission for myself to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I am at least eighteen (18) years of age and fully competent to take part in this activity and follow all regulations pertinent to this activity as set forth by the Florida State Fair Authority. I execute this Waiver and Release for full, adequate, and complete consideration, fully intending to be bound by the same.

I have read this document and understand that it has legal consequences and sign it voluntarily.

Participant's Signature: \_\_\_\_\_

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

By completing this form, providing your name and today's date, and checking this box, you signify that this information is complete and accurate and that you agree to this Liability Statement.



P.O. Box 11766 Tampa, Florida 33680

**ACKNOWLEDGMENT FORM  
FOR PERMISSION TO PERFORM  
A BACKGROUND CHECK  
VOLUNTEER FOR THE FLORIDA STATE FAIR**

I hereby give permission for the Florida State Fair Authority to use the following information to conduct a criminal background check for Volunteer purposes at the Florida State Fairgrounds.

Full Name: \_\_\_\_\_

Aliases / Prior Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Gender: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[ ] By completing this form, typing in your name and today's date, and checking this box, you signify that this information is complete and accurate for the Florida State Fair Authority to complete a background check for the purpose of serving as a Volunteer for the Florida State Fair.

**Please return this form to Dianne Stahl, FSFA Volunteer Coordinator by one of these methods:**

- **By hand at a Volunteer Orientation session**
- **By email to [Dianne.Stahl@floridastatefair.com](mailto:Dianne.Stahl@floridastatefair.com)**
- **By USPS to: Volunteer Coordinator, Florida State Fair, P.O. Box 11766, Tampa, FL 33680**