



The Gallatin Valley Farmers' Market (GVFM) is a program of Career Transitions. The GVFM is seeking volunteers to perform a range of tasks at their markets including, but not limited to, set-up, tear-down, manning entrance and exits, manning parking lots, monitoring attendees adherence to COVID-19 regulations, etc. If you would like to volunteer for the 2021 market season, please complete the form below and return to us at Career Transitions, 189 Arden Drive, Bozeman, MT 59714 or via email at ct@careertransitions.com. If you have questions call (406) 388-6701.

2021 Market Season Dates:

Every Saturday, June 19 through September 11, No market July 24
Market Hours: 9:00 am – Noon; Volunteer Hours: 8:00 am – 12:30 pm

Full Legal Name: _____
First
Middle or initial
Last

Mailing Address (street or P.O. Box) _____

City _____ State _____ Zip Code _____

Telephone _____ Email Address _____

How did you hear about GVFM? _____

Are you over 18 years old? Yes No Are you able to lift up to 30 lbs? Yes No

Availability:

June 19: Yes No
 June 26: Yes No
 July 3: Yes No
 July 10: Yes No
 July 17: Yes No
 July 31: Yes No

August 7: Yes No
 August 14: Yes No
 August 21: Yes No
 August 28: Yes No
 September 4: Yes No
 September 11: Yes No

Please carefully read our COVID-19 rules and regulations. All volunteers are required to wear a mask while at the market. If you are feeling ill on your day to volunteer, please contact our market manager and do not attend. If appointed as a volunteer, I agree to adhere to Career Transitions' policies and guidelines, to fulfill my assigned responsibilities to the best of my ability, and to respect confidential information I might be privy to. I will avoid any actions that might damage the reputation of, or be detrimental to, Career Transitions and the Gallatin Valley Farmers' Market. I hereby assume full and complete responsibility for any personal injury or damage that I sustain or cause during my participation as a volunteer. I realize that this is a non-paid position, and hereby release Career Transitions and any of their employees, volunteers, agents, sponsors, board members, or successors from any and all loss, liability, or claims I may have arising out of my service. I hereby affirm that the statements made on this application are true. Your signature below verifies you agree to the terms and conditions stated in this form.

Photo Release: Career Transitions has permission to take and use photos for CT marketing purposes. Yes No

Applicant's Signature _____ Date _____