



P.O. Box 393
1814 - 2nd Avenue NW
Faribault, MN 55021

Peter van Sluis, Executive Fair Manager
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2025 VOLUNTEER

Name _____ Phone Number _____

Group you are with (if any) _____

Address _____

Email Address _____

Known allergies / medical issues that Rice County Fair staff should be made aware of:

Board Member who Contacted You _____ **Area you are volunteering in** _____

EMERGENCY CONTACT

Primary Emergency Contact _____ Phone # _____

Alternate Emergency Contact _____ Phone # _____

In the event emergency medical treatment/aid is required, due to illness or injury during time of volunteer service on the Rice County Fairgrounds, I authorize the Rice County Fair Board's Executive Secretary to secure and retain medical treatment and transportation if needed.

This authorization includes x-ray, surgery, hospitalization medication and any treatment procedure deemed "life saving" by the physician.

This provision will only be invoked if the "Emergency Contact(s)" listed on this form is/are unable to be reached.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If Volunteer is under 18 Years of Age)

**Thank
you!**

**** At the end of your volunteer service
please return your Volunteer badge and lanyard to the Fair Office. ****

OFFICE USE: Returned Badge # _____