



Name:	Street Address:
Email:	City:
Phone:	Mobile:
Emergency Contact:	Emergency Contact Mobile:

Applying as: (Please Check One)    **New Volunteer**       **Returning Volunteer**

**AGE GROUP:**    Under 18    Adult (18-55)    Senior (55+)

**Areas of Interest:**    Info Booth    Entrance / Exit    Set up / Take Down    Coffee Kiosk

**Assets and Abilities:**

**Type of work you would like to do:**

**If you require a form or letter from us for volunteering at the JBM, please specify which format you require:**

**Availability:** Please list specific dates for each month and the shift that you would like to volunteer for.

	SET-UP 7:30 - 9:00am	AM SHIFT 8:30 - 11:45am	PM SHIFT 11:45 - 3:00pm	TAKE DOWN 2:45 - 3:45pm
May				
June				
July				
August				
September				
October				

**The Market operates every Saturday, Rain or Shine from May 3<sup>rd</sup> to October 4<sup>th</sup>, 2025 (9 - 3 pm).**

### AGREEMENT

**JBMS Policy Manual:** <https://jamesbaymarket.com/wp-content/uploads/Market-Policy-2021.pdf>

**JBMS Market Rules & Regulations:** <https://jamesbaymarket.com/wp-content/uploads/JBM-2024-rules-and-regulations.pdf>

By signing below, I confirm that I have read the current James Bay Market Society Policy Manual and will abide by all the policies outlined therein. I further confirm that I have read and agree to abide by all the JBM Market Rules and Regulations. I also give the JBMS permission to use images taken of myself only for the purposes of advertising the market to the public.

**Please email completed application to:** [volunteer@jamesbaymarket.com](mailto:volunteer@jamesbaymarket.com) **or mail to:**

Volunteer Coordinator - James Bay Market Society 547 Michigan Street Victoria BC V8V 1S5

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for sharing in creating community and supporting the James Bay Market Society.**