

**Superintendent and Assistant**

(Please print or type the following information)

I would like to volunteer for: \_\_\_\_\_ Open Class \_\_\_\_\_ 4-H \_\_\_\_\_ FFA department

As a \_\_\_\_\_ Superintendent \_\_\_\_\_ Assistant Superintendent

(New Superintendent or Assistant Superintendents must be at least 18 years old).

Area of Interest: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell \_\_\_\_\_ Message \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact within Vancouver/Portland area:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Conditions, allergies, etc.: \_\_\_\_\_

Have you ever been tried on a felony or misdemeanor charge? \_\_\_\_\_

Convicted? \_\_\_\_\_

List what, when, and where? \_\_\_\_\_

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

Current Superintendent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fair Representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Clark County Fair  
17402 N. E. Delfel Road, Ridgefield, WA 98642  
(360) 397-6180 . Fax (360) 397-6185