

Volunteer Application for 21 Acres



Contact Information

Name		
Address		
Birthday		
Best Phone		
E-Mail Address		
Emergency Contact (name/relationship & phone)	Name: Relationship:	Phone:

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Planting, weeding, harvesting
- Events
- Building work
- Food Hub
- Liaison work
- Kitchen work
- Blog postings
- Sustainable ag., and slow food research
- Field trips/ Education program

Volunteer Experience

ORGANIZATION	SUPERVISOR NAME	SUPERVISOR PHONE
		() - x:
		() - x:
		() - x:

Additional Information

Education (Last grade completed or degree)		
How often do you envision contributing as a volunteer?	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> On-Call <input type="checkbox"/> One Time	
Groups or organizations with which you are affiliated:		
Where did you learn about our volunteer opportunities?		
Reference : (Name, Relationship, Phone)	Name: Relationship:	Phone:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



Conditions of Volunteer Participation and Release from Liability

Background Certification: I certify that all of the information provided on this application is true and complete. I authorize 21 Acres to investigate and verify any and all of the information I have submitted. Because 21 Acres strives to provide a safe environment for children and youth. I understand that 21 Acres may order a criminal history check, and I authorize this investigation.

Volunteer Terms: I agree to abide by 21 Acres' policies, procedures, and Code of Conduct. I understand 21 Acres does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that 21 acres does not provide volunteer compensation or trade volunteer services for membership or fees.

Property Loss: I understand 21 acres is not responsible for my personal property which may be lost damaged or stolen while participating in 21 Acres volunteer activities.

Medical Treatment: I give permission to 21 Acres representatives to provide or arrange emergency medical care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that 21 Acres is not responsible for payment for such medical treatment. If I am injured, I will however, notify 21 personnel and fill out an accident/injury report.

Photograph/Media Permission: I give permission for 21 Acres to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret 21 acres programs.

Release from Liability: I understand that injuries and accidents may occur during my activities at 21 acres. I release and discharge, and hold harmless and indemnify, 21 Acres and its directors, officers, employees, and volunteers from any and all claims, damages, losses, and lawsuits, including attorney fees, by or to myself or any minors whom I am responsible, regardless of any party's negligence or lack thereof, arising out of my activities or the acts or omissions of any minors for whom I am responsible.

Volunteer Signature: _____ **Date:** _____

Print Name: _____

Email: _____ Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

If volunteer is under the age of 18

Print Name: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____