

21 Acres Volunteer Application Form



AFTER COMPLETING PLEASE RETURN TO
volunteer@21acres.org

Contact Information

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

Availability

EARLIEST START DATE: _____

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Are there specific days or hours of availability for volunteer assignments? _____

Interests

Tell us in which areas you are interested in volunteering

- Planting, weeding, harvesting (on farm)
 Events
 Building assistance
 Food Hub
 Liaison assistance
 Kitchen assistance
 Digital communications
 Sustainable agriculture and food research
 Field trips/ education program
 General (where ever assistance is needed)

Volunteer Experience

ORGANIZATION	SUPERVISOR NAME	SUPERVISOR PHONE
		()
		()
		()

Additional Information

Education: (Last grade completed or degree)	
How often do you envision contributing as a volunteer?	___Regularly ___Occasionally ___On-Call ___One Time
Groups or organizations with which you are affiliated:	
Where did you learn about our volunteer opportunities?	
Relevant Skills:	
Reference: (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.

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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: _____

Emergency Contact: _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____
(if volunteer is under age of 18)

Print Name: _____

Phone: _____ **Email:** _____