

RED WIGGLER COMMUNITY FARM

PO BOX 968, Clarksburg, MD 20871
Phone 301-916-2216, Email: INFO@redwiggler.org.

ADULT VOLUNTEER APPLICATION

Over the age of 18 years

Date: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Work or cell phone: _____

VOLUNTEER HISTORY

Have you volunteered previously? Yes _____ No _____

If so, where and what were your primary duties? _____

How did you become aware of the Red Wiggler Community Farm? _____

I am a CSA Shareholder _____ Internet: _____ Newspaper _____ Word of mouth _____

VOLUNTEER SKILLS AND PREFERENCES

Please describe why you would like to volunteer at The Red Wiggler Community Farm

What special personal/professional skills do have to bring to this program? _____

Anticipated number of hours per week: _____

Expected duration of volunteer work: _____

The Red Wiggler Community Farm is a smoke free workplace. Can you comply?

Yes _____ No _____

Do you have a police record? Yes _____ No _____ If Yes, please list date and type of

offense: _____

Would you submit to a background check if necessary? Yes _____ No _____

ADULT VOLUNTEER FORM – cont.

Name of Applicant: _____

Are you willing to be an “on call” volunteer? Yes _____ No _____

REFERENCES

Please list two references. One must be someone who serves in a supervisory capacity.

Do you give permission for our agency to call your references? Yes _____ No _____

1.) Name: _____

Relationship: _____ Phone number _____

Address: _____

2.) Name: _____

Relationship: _____ Phone number _____

Address: _____

I grant _____ do not grant _____ permission to be photographed for possible inclusion in a RWCF publication or other publications for the purpose of promoting RWCF.

The Red Wiggler Community Farm accepts adult volunteers March – November, Monday – Friday from 9:00 AM – 3:00 PM and one Saturday a month from 9:00 – 12:00.

Please list the day(s), time(s), and month(s) you are available to volunteer:

I UNDERSTAND THE NATURE OF THE PROGRAM FOR WHICH I WISH TO VOLUNTEER, AND CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. I UNDERSTAND THAT THE FIRST 10 HOURS OF MY VOLUNTEER SERVICE WILL BE ON A PROBATIONARY BASIS.

SIGNATURE OF APPLICANT

DATE

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Medical and Liability Release Memo of Understanding for the Policies and Procedures

Medical Release

In the event that an emergency arise while volunteering at the Red Wiggler Community Farm requiring medical treatment, I authorize Red Wiggler to select and designate nurses, physicians, and / or surgeons to furnish medical and / or surgical care, and I authorize such surgical care as, in the judgment of a physician and / or surgeon holding a physician's surgeon certificate issued by the Board of Medical Examiners of the State of Maryland, as may be needed and proper. I absolve the RWCF and nurses, physicians, and / or surgeons selected and designated by them, from any and all liability for their acts rendered in good faith.

Volunteer Signature _____

Date _____

If over 18 years of age

Informed Consent

I recognize and understand that the activities of my volunteer project or projects at Red Wiggler may be hazardous. I hereby expressly and specifically assume responsibility for any injury or harm resulting from these activities and release and discharge the Red Wiggler and representatives thereof from any and all liability for property damage, injury, illness, or death resulting from any volunteer activity.

Volunteer Signature _____

Date _____

If over 18 years of age

Policies and Procedures

I have read and understand the policies and procedures of the Red Wiggler Community Farm.

Volunteer Signature _____

Date _____

If over 18 years of age

EMERGENCY CONTACT

Name: _____

Relationship: _____

Daytime Phone #: _____

Creating fertile ground to nourish a healthy and inclusive community.