

# RED WIGGLER COMMUNITY FARM

PO BOX 968, Clarksburg, MD 20871

Phone 301-916-2216, Email: [INFO@redwiggler.org](mailto:INFO@redwiggler.org)

## GROUP VOLUNTEER APPLICATION

Group/Organization: \_\_\_\_\_

The responsibilities of the Group Coordinator include contacting the Red Wiggler Community Farm Volunteer Coordinator, arranging project dates and times, keeping all participants informed by meeting with your group before your volunteer outing, and participating in the volunteer project with your group.

Group Coordinator: \_\_\_\_\_

Coordinator's Email: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Group/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Age range of group: \_\_\_\_\_ How many volunteers in your group? \_\_\_\_\_

Please list members of your group here		
Volunteer Name	Volunteer Name	Volunteer Name

(If more space is needed, please attach a second sheet to application form)

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

I am a CSA Shareholder \_\_\_\_\_ Internet \_\_\_\_\_ Newspaper \_\_\_\_\_ Word of mouth \_\_\_\_\_

Why have you chosen to volunteer at the Red Wiggler Community Farm? \_\_\_\_\_

*Creating fertile ground to nourish a healthy and inclusive community*

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**GROUP** Name: \_\_\_\_\_

Has your group volunteered previously? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and what services did you perform? \_\_\_\_\_

Are there any Physical, Age, or Special Needs that we should consider when assigning a project to your group? \_\_\_\_\_

**COMMITMENT** My group is interested in:

On-going partnership

\_\_\_\_ Weekly

\_\_\_\_ Monthly

\_\_\_\_ Several times a year

Short-term project

\_\_\_\_ 1 Day project

\_\_\_\_ Several Days

**OBJECTIVE** of project is:

\_\_\_\_ Educational

\_\_\_\_ Service Learning

\_\_\_\_ Personal Commitment

**SKILLS & INTERESTS** (Rank preference with #1 being the area of most interest/skill)

\_\_\_\_ Sustainable Agriculture

\_\_\_\_ Chesapeake Bay Issues

\_\_\_\_ Disability Issues

\_\_\_\_ Environmental Stewardship

\_\_\_\_ Ag Reserve

\_\_\_\_ Biodiversity

\_\_\_\_ Sustainable Energy

\_\_\_\_ Women farmers

**Special Events**

\_\_\_\_ Art Farm Tour

\_\_\_\_ Annual Supper in the Barn

\_\_\_\_ other \_\_\_\_\_

**GROUP COORDINATOR:**

- Group Coordinator is responsible for the safety and well being of group members:
  1. To provide coordination and supervision for group while volunteering.
  2. To ensure all members adhere to RWCF Policies and Procedures
- The Red Wiggler Community Farm accepts group volunteers March – November, Tuesday – Friday (weather permitting) from 9:00 AM – 12:00 PM, and generally followed by lunch with staff/growers. We will begin to offer one Saturday a month from 9:00 – 12:00.
- The Red Wiggler Community Farm cannot guarantee volunteer placement. RWCF will, however, make every effort to match volunteer applicants to volunteer opportunities based on the needs of the farm and the interests and abilities of the volunteer(s).
- The Red Wiggler Community Farm reserves the right to reject a volunteer for any reason which the staff, in its sole judgment, determines will or may affect the best interests of the farm. Furthermore, the RWCF reserves the right to withhold the reason(s) for such refusal.

I UNDERSTAND THE NATURE OF THE PROGRAM FOR WHICH MY GROUP WISHES TO VOLUNTEER, AND CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. I UNDERSTAND THAT MY GROUP WILL NOT RECEIVE MONETARY COMPENSATION FOR ANY SERVICES CONTRIBUTED AND THAT THE FIRST 10 HOURS OF OUR VOLUNTEER SERVICE WILL BE ON A PROBATIONARY BASIS.

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

**GROUP** Name: \_\_\_\_\_

### **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.

\_\_\_\_\_ **Date**

*Group Coordinator*

### **Informed Consent**

I recognize and understand that the activities of our group 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.

\_\_\_\_\_ **Date**

*Group Coordinator*

### **Policies and Procedures**

I have read and understand the policies and procedures of the Red Wiggler Community Farm and will explain them to my group prior to our first visit to the farm.

\_\_\_\_\_ **Date**

*Group Coordinator*

I **grant** \_\_\_\_ do not grant \_\_\_\_ permission for my group to be photographed for possible inclusion in a RWCF publication or other publications for the purpose of promoting RWCF.

\_\_\_\_\_ **Date**

*Group Coordinator*

### **EMERGENCY CONTACT**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_

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