

RED WIGGLER COMMUNITY FARM

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

YOUTH VOLUNTEER APPLICATION

To be filled out by youth under the age of 18 years

Date: _____ Home Phone: _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ School: _____

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

Are you interested in earning Service Learning hours? Yes _____ No _____
If yes, please note that it is the student's responsibility to provide the appropriate Student Service Learning Activity Verification Form to the Volunteer Coordinator to be filled out.

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

Anticipated number of hours per week: _____

Expected duration of volunteer work: _____

The RWCF is a smoke free workplace. Can you comply? Yes _____ No _____

Have you ever been convicted of any crime? If yes, please state the nature of the crime and when it occurred: _____

EMERGENCY INFORMATION

To be filled out by the Parent/Legal Guardian

Youth Applicant's Name: _____

Parents'/Legal Guardians' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work or Cell Phone: _____

Is there any medical or physical condition or special needs of the youth which The Red Wiggler staff should be made aware of? Yes _____ No _____

If yes, please explain: _____

**All information will be considered confidential
Parent/Legal Guardian Medical and Liability Release**

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

Parent/Legal Guardian's Signature Date

I (We) _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize and consent to the above named child serving as a volunteer at The Red Wiggler Community Farm and do hereby for myself and my heirs and assigns, waive any and all claims for damages or injuries I (we) may or will have against The Red Wiggler Community Farm, or any agent, employee, volunteer or representative of either for any and all injuries or damages suffered said minor while on the premises of, or while participating in any activities of The Red Wiggler Community Farm and further agree to indemnify and hold harmless those parties from any claims whatsoever made on behalf of said minor child. I (we) understand that my child named above wishes to be considered for volunteer work and I (we) hereby give permission for them to serve in that capacity, if accepted by the agency. I (we) understand that my child named above will be provided with the necessary training for the safe and responsible performance of his/her duties and will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I (we) understand that my child will not receive monetary compensation for any services contributed and that the first 10 volunteer hours will be served as a probationary period.

Parent/Legal Guardian's Signature Date

RED WIGGLER COMMUNITY FARM

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

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

Youth Applicant's 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

Parent/Legal Guardian if under 18

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.

Date

Parent/Legal Guardian if under 18

Policies and Procedures

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

Date

Youth Signature

Date

Parent/Legal Guardian if under 18

EMERGENCY CONTACT

Name: _____

Relationship: _____

Daytime Phone #: _____

Creating fertile ground to nourish a healthy and inclusive community.