

# RED WIGGLER COMMUNITY FARM

CREATING FERTILE GROUND TO NOURISH A HEALTHY AND INCLUSIVE COMMUNITY

P.O. Box 968 Clarksburg, MD 20871 | Phone 301-916-2216 | [www.redwiggler.org](http://www.redwiggler.org)  
Contact: [Volunteer@redwiggler.org](mailto:Volunteer@redwiggler.org)

## ADULT VOLUNTEER APPLICATION

*Over the age of 18 years*

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

Date: \_\_\_\_\_ Email: \_\_\_\_\_

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 you 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 \_\_\_\_\_

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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 April – November, Tuesday – Friday from 9:00 AM – 3:00 PM and occasional Saturdays.

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

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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 #:*** \_\_\_\_\_