

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

I do not want to receive occasional e-mails from Red Wiggler regarding upcoming events & updates.

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

Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you submit to a background check if necessary?** Yes \_\_\_\_\_ No \_\_\_\_\_

### **Photo Release:**

Do you grant permission to be photographed or videoed for possible inclusion in a RWCF publication or other publications for the purpose of promoting RWCF?

Yes  No

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 TRIAL BASIS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

For office use:		
Orientation Date: _____		
First Day: _____	Yes	No

<b>No experience is necessary for this position. For our records, records, do you have experience ...</b>		
...working in a greenhouse? Including seeding, transplanting and/or watering?		
...planting seeds or transplants?		
...harvesting vegetables? Including bunching greens and/or digging root vegetables?		
...handling vegetables after harvesting, including washing, sorting, and weighing vegetables?		
...doing field maintenance activities, including weeding thinning, mulching, and/or raking?		
...working with or interacting with adults with disabilities?		

Do you need to fulfill a specific requirement for service hours:  Yes  No

School \_\_\_\_\_ # of hours

Court Mandated \_\_\_\_\_ # of hours

Other: \_\_\_\_\_ # of hours

Deadline: \_\_\_\_\_

### Strengths, Limitations and Accommodations

Our **Individual Youth and Adult Volunteer Program** is ideal for individuals with and without developmental disabilities who are able to work largely independently, with appropriate instruction and supervision.

Our **Volunteer In-Training Program** is intended for adults with and without developmental disabilities that are interested in and would benefit from volunteering on the farm but require a higher level of supervision in order to succeed.

The questions below are intended to assist in assessing which program will better suit each individual volunteers needs. We are committed to offering volunteer opportunities to all individuals and will make accommodations to the best of our ability.

**Please list your strengths and limitations as it applies to working cooperatively with others, following instructions and completing tasks independently.**

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**Please list your strengths and limitations as it applies to completing physical labor and working outside in different weather conditions for 2-5 hours at a time, with appropriate breaks.**

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**Do you require the use of any of the following? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Adaptive Equipment | <input type="checkbox"/> Assistive Communication Device |
| <input type="checkbox"/> One-on-one support | <input type="checkbox"/> Wheel Chair                    |
|   | <input type="checkbox"/> Crutches, Cane or Walker       |
|   | <input type="checkbox"/> Other _____                    |
- Please elaborate:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies       | <input type="checkbox"/> Sun Sensitivity                |
| <input type="checkbox"/> Seizure History | <input type="checkbox"/> Other Relevant Medical History |
- Please list: \_\_\_\_\_  
\_\_\_\_\_

**Are there any other medical or physical conditions or special needs of the youth which The Red Wiggler staff should be made aware of? Yes\_\_\_\_\_ No\_\_\_\_\_**

If yes, please explain:

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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:***

***Phone Number:***

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