

# 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)

## YOUTH VOLUNTEER APPLICATION

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

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Work or Cell: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

## EMERGENCY INFORMATION

*To be filled out by the Parent/Legal Guardian*

Parents'/Legal Guardians' Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

I do not want to receive communications from Red Wiggler.

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

Yes  No

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

For office use:

Orientation Date: \_\_\_\_\_

First Day: \_\_\_\_\_

<b>No experience is necessary for this position.            For our records, do you have experience ...</b>	Yes	No
...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?		

**Please list your strengths and limitations (including description of any disabilities)**

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

- Adaptive Equipment
- One-on-one support
- Assistive Communication Device
- Wheel Chair
- Crutches, Cane or Walker
- Other \_\_\_\_\_

**Please check all that apply:**

- Allergies – please list: \_\_\_\_\_
- Seizure History
- Sun Sensitivity
- Other Relevant Medical History

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

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

- School \_\_\_\_\_ # of hours
- Court Mandated \_\_\_\_\_ # of hours
- Other: \_\_\_\_\_ # of hours

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

**Policies and Procedures**

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

\_\_\_\_\_  
Date \_\_\_\_\_

*Youth Signature*

\_\_\_\_\_  
Date \_\_\_\_\_

*Parent/Legal Guardian if under 18*

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

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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.

\_\_\_\_\_ 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*