

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
Contact: 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: _____

No experience is necessary for this position. For our records, records, do you have experience ...	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?		

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.

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.

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"/> Wheel Chair | |
| <input type="checkbox"/> Crutches, Cane or Walker | |
| <input type="checkbox"/> Other _____ | |
- Please elaborate:

- One-on-one support

Please check all that apply:

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

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: _____