

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

YOUTH VOLUNTEER APPLICATION

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

Name: _____

Date: _____ Email: _____

Cell Phone: _____ Parent Phone: _____

Age: _____ School: _____

EMERGENCY INFORMATION

To be filled out by the Parent/Legal Guardian

Parents'/Legal Guardians' Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

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

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

No experience is necessary for this position. For our records, have you ever...	Yes	No
...worked in a greenhouse? Including seeding, transplanting and/or watering?		
...planted seeds or transplants?		
...harvested vegetables? Including bunching greens and/or digging root vegetables?		
...handled vegetables after harvesting, including washing, sorting, and weighing vegetables?		
...done field maintenance activities, including weeding, thinning, mulching, or raking?		
...worked or interacted with adults with disabilities?		

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)

- 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

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.

Youth Signature

Date _____

Parent/Legal Guardian if under 18

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

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