

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

Name: _____

Date: _____ Email: _____

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.

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 THREE DAYS/9 HOURS OF MY VOLUNTEER SERVICE WILL BE ON A TRIAL BASIS.

SIGNATURE OF APPLICANT

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?		

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

School _____ # of hours

Other: _____ # of hours

Deadline: _____

Note: We do not offer volunteer hours for court-mandated service.

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 2-3 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
- Wheelchair
- 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 volunteer that Red Wiggler staff should be made aware of?

- Yes No

If yes, please explain: _____

How did you hear/learn about volunteering at Red Wiggler?

Medical and Liability Release
Memo of Understanding for the Policies and Procedures

Medical Release

In the event that an emergency arise while volunteering at 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 Red Wiggler 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 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 Red Wiggler Community Farm.

Volunteer Signature _____ **Date** _____
If over 18 years of age

EMERGENCY CONTACT

Name: _____

Relationship: _____ **Phone Number:** _____