

# RED WIGGLER COMMUNITY FARM

CREATING FERTILE GROUND TO NOURISH A HEALTHY AND INCLUSIVE COMMUNITY  
23400 Ridge Rd, Germantown, MD 20876 | 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

\_\_\_\_\_

\_\_\_\_\_

**Field volunteers at Red Wiggler participate in all aspects of farm work, and the work can be challenging. How comfortable are you with the following (please check):**

	Very	Somewhat	Not at all
Wearing work gloves			
Getting dirty and wet			
Being around insects, including bees, beetles, wasps, and flies			
Lifting 10 lbs regularly			
Working outdoors in temperatures ranging from 28 degrees to 95 degrees, for up to 3 hours w/ breaks			
Kneeling, bending, crouching, and other physical activity			
Working in teams of 2-5 people			
Working in teams of 6-10 people			
Working in teams of 11-20 people			
Repetitive motion, including using hand tools or being in the same position for up to 1.5 hours			
Walking on slippery, rough, or uneven ground			
Walking in narrow aisles or spaces			
Following verbal instructions and staying focused			

**Feel free to explain any of the above answers further:**

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<b>No experience is necessary for this position. For our records, have you ever...</b>	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 check all that apply:**

Allergies – please list: \_\_\_\_\_

Seizure History

Sun Sensitivity

Require one-on-one support (Direct Support Professional, Parent or Guardian)

**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:**

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

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**Policies and Procedures**

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

\_\_\_\_\_ Date: \_\_\_\_\_  
*Youth Signature*

\_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Legal Guardian signature*

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 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 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 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.

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

**Medical and Liability Release**

**Memo of Understanding for the Policies and Procedures**

**Medical Release**

In the event that an emergency arises 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.

\_\_\_\_\_ 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*