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Volunteer Application & Waiver Packet

Thank you for your interest in volunteering at EverGrow Farm! Volunteers play an important role in supporting our programs and building a welcoming, inclusive community. Please complete the form below.

Volunteer Application

Personal Information

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Address: _____
  _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____

Availability

- Days Available: ☐ Tuesday ☐ Thursday ☐ Friday ☐ Other: _____
- Times Available: ☐ Morning ☐ Afternoon ☐ Full Day
- How often would you like to volunteer?
  ☐ Weekly ☐ Monthly ☐ Occasionally

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Interests & Skills

☐ Assisting with farm animals

☐ Gardening and grounds maintenance

☐ Supporting adult day programs

☐ Assisting with afterschool programs

☐ Arts, crafts, and recreation

☐ Office/administrative support

☐ Special events and fundraisers

☐ Other skills you'd like to share: _____

Experience

Please describe any past volunteer work, special skills, or experience working with individuals with developmental differences:

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Volunteer Waiver & Liability Release

Acknowledgment of Risk

I understand that volunteering at EverGrow Farm may involve working with individuals with developmental differences, animals, farm equipment, and outdoor environments. I acknowledge that participation may carry certain risks, including but not limited to physical activity, contact with animals, and exposure to natural elements.

Assumption of Responsibility

I agree to assume all responsibility for any personal injury, illness, loss, or damage to property that may occur while volunteering at EverGrow Farm, except in cases of gross negligence or willful misconduct by EverGrow Farm staff.

Medical Authorization

In the event of a medical emergency, I authorize EverGrow Farm staff to provide first aid and to secure emergency medical care if necessary. I understand that I am responsible for any medical expenses incurred.

Confidentiality

I understand that I may have access to sensitive or personal information about participants and their families. I agree to maintain strict confidentiality and respect the privacy of all individuals at EverGrow Farm.

Release of Liability

By signing below, I release and hold harmless EverGrow Farm, its staff, board members, and affiliates from any and all claims, liabilities, demands, or actions arising from participation in volunteer activities.

Agreement & Signature

Volunteer Name (print): _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____
Date:_____