

OUR NEIGHBORS FARM & PANTRY VOLUNTEER APPLICATION

Name: _____ Email: _____

Phone: home/work/cell (_____) home/work/cell (_____)

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____

Emergency Contact/Relationship: _____ Phone: (_____) _____

Medications Taking: _____

Health Issues: _____

Physical Limitations:

Back Problems (explain)? _____ How many pounds are you comfortable lifting? _____

INTERESTS (mark areas of interest)

_____ Distributing Food

_____ Sorting/Packing Food

_____ Data Entry

_____ Office Work

_____ Garden Education Program

_____ Garden Work

_____ Special Events

_____ Other

AVAILABILITY (please list times available on the following days)

_____ Monday

_____ Tuesday

_____ Wednesday

_____ Thursday

_____ Friday

_____ Saturday

_____ Sunday

• I currently volunteer at: _____

• Are you completing community service (circle one)? School: yes or no Court Requirement: yes or no

Office Use Only

Received by: _____ Date: _____ Assignment: _____

Start Date: _____ Time/Days: _____ Not active: _____ Closed: _____

MEDICAL EMERGENCY

1. If there should be a medical emergency, call 911 for assistance.
2. Keep someone with patient at all times.
3. Inform pantry manager and/or garden manager and/or executive director.

FIRE EMERGENCY

1. Exit building in a safe manner and move to unaffected area.
2. Call 911
3. Inform pantry manager and/or garden manager and/or executive director.

SAFETY

1. Work according to good safety practices as posted, instructed, or discussed.
2. refrain from any unsafe act that might endanger oneself, the people we serve or co-workers.
3. Use all safety devices provided for your protection. failure to comply with safety requirements could result in immediate dismissal.
4. Report any unsafe situation or acts immediately to pantry manager, garden manager, and/or executive director.

WAIVERS

1. I hereby agree to hold harmless and waive any and all claims or causes of action against ONF&P out of any cause whatsoever including but not limited to claims arising out of the negligence or intentional conduct of its employees or agents.
2. I attest that I am physically fit and prepared to perform the tasks assigned to me as a ONF&P volunteer.
3. I further agree to use my personal insurance as the primary provider in the event of an injury due to my work as a volunteer for ONF&P.
4. I shall not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance by Arizona law.
5. ONF&P is not responsible for loss or damage to volunteer's personal property.
6. YES or NO - I grant ONF&P full permission to use photographs of me performing volunteer work.

I have read, understand and agree to the above Our Neighbors Farm & Pantry policies and guidelines, safety and emergency procedures, and waivers:

Volunteer Signature: _____ Date: _____

Print Name: _____

If under 18, signature of parent or legal guardian is required:

Parent/Legal guardian signature: _____ Date: _____

Print Name: _____

Welcome, we look forward to adding you to our team!