

# Volunteer Application Form



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different than home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

In an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Are you a City Market member Y \_\_\_ N \_\_\_

Are you affiliated with a Group, Agency, School, or Organization?

No

Yes: \_\_\_\_\_

Please list any skills, interests, and hobbies that you wish to share: \_\_\_\_\_

Physical/Health Limitations: \_\_\_\_\_

Have you ever been convicted of or do you have any pending violations of law (any felony or misdemeanor classified as an offense against a person or family, public indecency or a violation involving a state or federally controlled substance) other than minor traffic violations? Yes No

If yes, please explain: \_\_\_\_\_

**Do you give The Intervale Center permission to use your name and/or photograph in Intervale Center promotional materials: Yes No?**

Dear Volunteer,

Please read (and sign at the bottom of the page) the following general Intervale volunteer safety list. If you have any questions we are happy to provide you with more information. Please be sure to fill out a volunteer application so that we can have up to date emergency information on file. We care about your health and well-being and hope that by reading through the following information, you will be better informed about volunteer work here at the Intervale Center.

- **General Intervale Safety**
  - Don't leave valuables in your car—if you have to, do not leave them visible.
  - Lock your car at all times.
  - Try to avoid walking or working alone. Have a cell phone with you if you have to be alone in case of emergency.
  - Always check in with your supervisor before you go out to work and when you come back in. Make sure someone knows that you are at the Intervale Center volunteering.
  - First aid kits are located in the IC Office, the Community Barn, Hay Barn, Farmer Barn, the ICN Greenhouse, and the ICN truck. There are also four field kits that are shared between the programs.
- **Tool Safety**
  - Hoes: Always carry with the sharp tip to the ground. Never swing above your knees.
  - Knives: Be aware of the blade! When carrying, place blade under arm. Always cut away from yourself, but be careful of the plants.
  - Clippers/Loppers: Be aware of the blade—keep body parts away (i.e. fingers)! When carrying, place blade under your arm. Do not place blade in dirt it dulls the blade.
- **Awareness of machinery/tractors/cars**
  - People operating tractors wear ear protection—this means they can't hear you! Be aware of where they are in the field and always give them the right of way.
  - Don't assume the person on a tractor can see you—keep a safe distance at all times.
  - When driving in the Intervale always give tractors the right of way
  - When walking, make sure to stay to the side of the road so vehicles and tractors can pass.
- **Plants to be aware of- do not touch or eat anything you do not know!**

Stinging nettle, Cow parsnip/Wild parsnip, Burdock, Poison Ivy.
- **Be aware of Ticks**
  - Deer ticks live in the grasses and woods and can cause Lyme disease. Ticks actively seek warm bodies. Remember to check your person for unwanted small friends.
- **Ergonomics**
  - Always lift from the legs, not from the back.
  - Be aware of repetitive motions.
  - Work smarter not harder!

- **Body awareness**
  - Watch where you are stepping! Plants get crushed easily.
  - Never sit on your bottom when weeding—kneel or stand, it is much more efficient.
- **Vehicles**
  - Always wear your seatbelt.
  - Never ride in the back/bed of a truck or tractor.
- **Clothing**
  - Wear appropriate clothing for the season and the job to be done (i.e. winter boots and gloves during the winter).
  - Wear closed toe shoes while on the farm.
- **Off-Site work**
  - It is important to be aware of ice hazards such as ponds and rivers—don't step on anything that may not support your weight or may be extremely slippery!
  - When pulled over on the side of the road at a new location, it is also important to be aware of the road—exit and enter the vehicle carefully and take caution when loading the vehicle.

I, \_\_\_\_\_ (volunteer's name) have read the above safety information, have filled out a volunteer application, agree to follow the guidelines and agree to volunteer at my own risk.

Volunteer  
Signature \_\_\_\_\_ Date \_\_\_\_\_

IC Staff Supervisor Signature \_\_\_\_\_

**\*\*This document will be kept in your volunteer files for our records at the Intervale Center\*\***

### **Volunteer Waiver of Liability**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_, by \_\_\_\_\_ (the "Volunteer") in favor of the Intervale Center Inc, a non-profit, their director, officers, and employees (collectively "THE INTERVALE CENTER INC").

The Volunteer desires to work as a volunteer for THE INTERVALE CENTER INC and engage in the activities related to being a volunteer (the "activities"). The Volunteer understands that the Activities may include, but may not be limited to, use and transport of various tools, activities in proximity to moving vehicles, activities in the outdoors where volunteers may be subjected to changing weather conditions, insects and other pests and irritants, and activities which may expose the Volunteer to other potential hazards.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless THE INTERVALE CENTER INC and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with THE INTERVALE CENTER INC.

Volunteer understands that this Release discharges THE INTERVALE CENTER INC from any liability or claim that the Volunteer may have against THE INTERVALE CENTER INC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with THE INTERVALE CENTER INC, whether caused by the negligence of THE INTERVALE CENTER INC or its officers, director, employees or otherwise. Volunteer also understands that THE INTERVALE CENTER INC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge THE INTERVALE CENTER INC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with THE INTERVALE CENTER INC.

**Assumption of Risk:** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to transportation.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases THE INTERVALE CENTER INC from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that THE INTERVALE CENTER INC does not carry or maintain health, medical, or disability insurance for any Volunteer.

**Photographic Release:** Volunteer does hereby grant and convey unto THE INTERVALE CENTER INC all rights, title, and interest in any and all photographic images and video or audio recordings made by THE INTERVALE CENTER INC during the Volunteer's Activities with THE INTERVALE CENTER INC,

including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Vermont and that this Release shall be governed by and interpreted in accordance with the laws of the State of Vermont. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.**

**Volunteer Name (Print Please):** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Volunteer Address** \_\_\_\_\_

**Phone number where you are most easy to reach:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Group/Organization: (if applicable)** \_\_\_\_\_

\*\*\*\*\*If the volunteer is under the age of 18 a parent or legal guardian must sign.\*\*\*\*\*

**Parent Signature:** \_\_\_\_\_ (if 18 or under)

**In case of emergency, please contact:**

**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_