



Volunteer Application

Personal Contact Information

Last Name _____ First Name _____ MI _____

Organization _____ Phone: _____

Email: _____ hm/wk (circle one)

Telephone Home: _____ Cell: _____ Fax: _____

Background Check

A background check may be done if you will be responsible for supervising youth. If you have any issues please let us know. You may still be able to volunteer in situations without youth. (This section is optional)

Date of Birth: _____ Drivers License _____

Have you ever been convicted of a felony? Y N misdemeanor? (other than traffic violations) Y N

If yes please explain: _____

Health information

Do you have any personal health issues that would impact your ability to volunteer? Y N

(For example allergies, medication issues, disabilities, special needs, or being treated for a medical condition)

If yes, please list here: _____

Emergency Contact: Name _____ Phone# _____ Relationship _____

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Experience (please let us know if you have experience in these areas)

Gardening: _____

Youth: _____

Food Handling: _____

Food Distribution: _____

Other: _____

Release of Liability

I hereby certify that all information shown above is accurate and true and I understand that I am applying for an at-will volunteer position and that this is not an application for, or contract for employment. This position can be terminated by myself or CFN at anytime, with or without cause, and with or without notice.

I understand that my participation with CFN and/or any project, activity, or event sponsored, managed, arranged, or promoted by, or otherwise affiliated with the Community Food Network may include activities that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Community Food Network and/or partnering agencies from all liability for injury, illness, death, and/or property damage that may result.

I release the CFN and all employees or agents from any and all liability for the use of, and give my express purpose for the use of any image generated which includes myself or any of my family members for public relations purposes including, but not limited to, articles, brochures, videos, TV, internet, newspaper, and magazine advertisements, Internet Images, and all other web site usage.

Signature of participant

Signature of parent or guardian, if volunteer is not of legal age

Date

Volunteer Demographics

This section is for volunteer tracking purposes only. All information is optional, confidential, and will be used to help us secure additional funding to continue supporting this program.

Family Information

(Please list all family members)

First Name _____ Age _____ Grade _____ Volunteering with you? Y N

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Does your family qualify for Food Assistance or Free/Reduced School Lunch Program? Y N

Does anyone in your family qualify for Workforce Development or the MPRI Program? Y N

Referral Information

Have you volunteered at a different community garden? Y N **If Yes, which one?** _____

Have you volunteered with our partner organizations before? Y N **If Yes, which one?** _____

Have you volunteered with the United Way before? Y N **If Yes, which project?** _____

Did you use any of these resources before volunteering?

Called the United Way for more information at 1-800-417-2622. Y N

Called the Garden Event Message line for cancellation information 616-755-8050 Y N

Visited the CFN website at www.ioniahost.com/garden. Y N

Spoke with a CFN Volunteer at an event or presentation. Y N

Future Plans

Would you be interested in volunteering at other gardens? Y N

Would you be interested in volunteering at local food pantries? Y N

Would you be interested in volunteering with local food drives? Y N

Would you be interested in attending gardening classes: Y N

If yes, please tell us what you are interested in: _____

****Seed Starting Deciding What/When to Plant Basic Gardening Advanced Gardening****

Would you be interested in attending food prep classes: Y N

If yes, please tell us what you are interested in: _____

****Canning Produce Cooking with Fresh Vegetables Safe Food Handling****

Would you be interested in attending health eating classes: Y N

If yes, please tell us what you are interested in: _____

Would you be interested in attending volunteer leader classes: Y N

If yes, please tell us what you are interested in: _____

****Planning Volunteer Events Volunteer Management Grant Writing****

****These are suggested classes only, please add additional ideas to the blank lines available****