



CITY GREEN, INC. VOLUNTEER APPLICATION

ALL VOLUNTEERS MUST INITIAL BELOW AND ALSO SIGN THE CITY GREEN, INC. VOLUNTEER APPLICATION ON PAGE 4, INCLUDING THE PARENT(S)/GUARDIAN(S) FOR ANYONE UNDER THE AGE OF 18

Name (Please Print): _____ E-mail: _____

Address: _____ City/State/Zip: _____

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

Are you under the age of 18? Yes No **If yes, a parent/guardian must sign page 4.**

Do you want to volunteer: One time only On a regular basis

Mornings 9:00am-12:00pm Afternoons 12:00pm-5:00pm Evenings 5:00pm-8:00pm

Are you volunteering to fulfill a service requirement? Yes No Number of hours required: _____

How did you hear about our program? _____

What interests you about volunteering with City Green? _____

What volunteer opportunities interest you? (Please check all that apply)				
Gardening <input type="checkbox"/>	Farming <input type="checkbox"/>	Event Committee <input type="checkbox"/>	Fundraising <input type="checkbox"/>	Outreach <input type="checkbox"/>
Environmental Educator/Docent <input type="checkbox"/>	Professional Skills you wish to share with City Green. (ex: Marketing, IT, Web Design, etc.) Please list.			

Have you had any previous experience as a volunteer? Yes No; If yes, Please describe: _____

Reference (Other than family):

Name: _____ Daytime phone: _____ Relationship: _____

Volunteer Certification and Authorization:

By signing on page 4, my parent or guardian/I certify that the information provided in the Volunteer Application is true, correct and complete. My parent or guardian/I authorize verification of all statements contained in this application.

Verification by City Green, Inc. Supervisor

I certify that I have reviewed the volunteer specific risks associated with the volunteer service involved included in the City Green, Inc. Volunteer Application; that I have reviewed City Green Inc.'s safety procedures and provided an amended copy of City Green Inc.'s Safety Manual; and, informed the volunteer that there is a more detailed copy of City Green, Inc.'s Safety Manual in our offices for their review.

Supervisor Name: _____ Supervisor Signature: _____ Date: _____

Volunteer or (Parent/Guardian) Initials: _____



CITY GREEN, INC. VOLUNTEER LIABILITY WAIVER

ALL VOLUNTEERS MUST INITIAL BELOW, INCLUDING THE PARENT(S)/GUARDIAN(S) FOR ANYONE UNDER THE AGE OF 18

I acknowledge that my child or I have decided to volunteer with City Green, Inc. I acknowledge on my child's/my behalf that no compensation from City Green, Inc. will be received for any volunteer services. I acknowledge that my child/I am not an employee of City Green, Inc. and will not be considered an employee of City Green, Inc. for any purpose. I understand that City Green, Inc. or I may end volunteer services at any time and for any reason.

For your child's/your own safety, and the safety of those this agency serves, volunteers will be provided with training to safely execute the activities requested of them. This form indicates that my child/I have been specifically informed of the risks listed below and trained by a City Green, Inc. staff member in applicable safety precautions. By signing this form, I agree on behalf of my child/myself to abide by safety standards as explained and provided in writing.

Further, on behalf of my child/myself, I understand that while City Green, Inc. takes seriously the need to provide a safe workplace for staff and volunteers, City Green, Inc. cannot insulate my child/myself from unforeseen circumstances that may cause my child/me harm. I understand that as a volunteer with City Green, Inc. I assume the normal risks of such volunteer service, and agree not to hold City Green, Inc. responsible for such risks. I also agree that if my child/I feel discomfort, pain, or physically unwell in the course of performing volunteer service, or if my child/I feel uncomfortable about performing any volunteer function, that my child/I will notify the supervisor immediately.

The specific risks associated with volunteer service with City Green, Inc. are as follows:

1. Heat and sun exposure related illnesses
2. Bee and other insect stings
3. Physical injury related to working with gardening/farming tools

Accordingly, for good and valuable consideration, including but not limited to the privilege of volunteering with City Green, Inc., I hereby agree on behalf of my child/myself the following:

1. By signing on page 4, I acknowledge that volunteer services for City Green, Inc. are entirely voluntary, and hereby voluntarily assume any and all risks (both known and unknown) associated with my child's/my volunteer service for City Green, Inc., including but not limited to those risks described above.
2. I agree on behalf of my child/myself and on behalf of my child's/my representatives, assigns, heirs and next of kin, to waive City Green, Inc., (and its officers, directors, employees, agents, representatives and volunteers) from any and all responsibility, liability, claims, demands, costs, expenses (including attorneys' fees) or actions arising out of or relating in any way to my child's/my volunteer services with City Green, Inc., including, but not limited to, all actions based upon negligence and all claims, for any personal or physical injury or damage to my child/me or my child's/my property, whether occurring on City Green, Inc.'s premises or otherwise.
3. I further consent to the unrestricted use by City Green, Inc. and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of my child/me. Any such items will only be used for non-commercial promotional purposes and no names or identifiers will be used.
4. I hereby acknowledge on behalf of my child/myself that my child/I have been given a reasonable opportunity to read the foregoing waiver and release of claims, and that on behalf of my child/myself, I have read and fully understand its provisions.

Volunteer or (Parent/Guardian) Initials: _____



**ALL VOLUNTEERS MUST INITIAL BELOW, INCLUDING THE
PARENT(S)/GUARDIAN(S) FOR ANYONE UNDER THE AGE OF 18**

PROTECT YOURSELF FROM THE SUN, INSECTS AND SCRATCHES

- ✓ Long pants and sleeves keep off bugs and help prevent scratches!
- ✓ Sturdy shoes keep feet safe! No sandals or flip flops!
- ✓ Wear a wide-brimmed hat or baseball cap to protect yourself from the sun.
- ✓ Wear sunscreen/sunblock to avoid sunburn.

PROTECTING YOURSELF FROM THE HEAT

- ✓ Wear the right clothing: light fabrics that aren't too tight will keep you cooler! Layering your clothing helps you adjust from a cold, foggy morning to a warm, sunny afternoon in a snap.
- ✓ Carry your water bottle and use it often! Dehydration can creep up fast. Frequently drink small amounts of water before you become thirsty to maintain good hydration. Drink about 1 cup every 15 to 20 minutes.
- ✓ Know the symptoms of heat exhaustion and heat stroke – take them seriously. If you notice that you are feeling unwell or notice that one of your co-workers seems unwell, go immediately to a shaded area and inform your supervisor.

SAFETY PROTOCOLS FOR HAND TOOLS

- ✓ Tools are an extension of your body's natural movements. Practice skillful methods — speed, thoroughness, and efficiency go together with safety!
- ✓ Use the best tool for the job — it will always save time and prevent injury to you or to others.
- ✓ Do not use damaged or defective tools.
- ✓ Do not leave tools on the field/land/property unattended, always return them to their proper storage place.
- ✓ When you are finished with tools, bring them off the field so no one trips on them.
- ✓ Do not raise tools above your waist to avoid injuring others.
- ✓ All tools must be carried metal side down.

FIRST AID AND MEDICAL EMERGENCIES

- ✓ If you are hurt, feel sick or are in any kind of physical distress:
 1. If you are able, immediately inform a City Green, Inc. staff member.
 2. If you are unable to physically reach a staff member, shout **“May Day.”**
- ✓ All City Green, Inc. staff members are trained in First-Aid and CPR.
- ✓ First-Aid Kits are available in the field lockers at the City Green Learning Garden in Eastside Park and in the barn, greenhouse and farmhouse at the City Green Schultheis Farm location. Additionally, all City Green vehicles are also equipped with First-Aid Kits.

BEEES AND INSECTS

- ✓ There are beehives on the City Green Schultheis Farm site, as well as wild bee, wasp and insect populations that occur on any farm. If you have a bee allergy that requires an “Epi-Pen”, it is mandatory that you carry it with you at all times and make City Green, Inc. staff aware about your specific allergy. City Green, Inc. staff has been trained by the American Red Cross in the use of a “Epinephrine Auto-Injector” and are available to you for assistance should you need it. Please see page 4 for additional information.

Volunteer or (Parent/Guardian) Initials: _____



BEE ALLERGY – EPINEPHRINE AUTO-INJECTOR WAIVER

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INCLUDING THE PARENT(S)/GUARDIAN(S) FOR ANYONE UNDER THE AGE OF 18
CITY GREEN BEE ALLERGY POLICY AND PROTOCOL**

- ✓ All visitors, staff and volunteers who come on to the City Green Schultheis Farm or City Green Learning Garden in Eastside Park sites must complete the form below.
- ✓ It is mandatory that any person with a bee allergy carry their Epinephrine Auto-Injector (also known as an “Epi Pen”) with them at all times and sign this release form allowing trained City Green staff to administer the Epinephrine Auto-Injector, should they need assistance.
- ✓ Any person with bee allergies who does not comply with the above stated policy will NOT be permitted on the City Green Schultheis Farm or the City Green Learning Garden in Eastside Park sites.

Accordingly, I hereby agree as follows:

1. I acknowledge (check one):

- My child (named below) does **NOT** have a bee allergy; or I do **NOT** have a bee allergy
 My child (named below) **DOES** have a bee allergy or I **DO** have a bee allergy

On behalf of my child/myself, I have been informed of City Green, Inc.’s related policies and procedures, including:

- I agree to inform City Green staff of my child’s or my own bee allergy. I additionally agree that while on the City Green Schultheis Farm site or the City Green Learning Garden Eastside Park site, my child/I will carry with him/her or myself, at all times, his/her or my Epinephrine Auto-Injector.
- By signing below, I agree to allow trained City Green staff members to administer my child’s/my Epinephrine Auto-Injector if he/she or I is/am unable to do so him/herself or myself.

2. I agree on behalf of my child/myself and on behalf of my child’s/my representatives, assigns, heirs and next of kin, to waive City Green, Inc., (and its officers, directors, employees, agents, representatives and volunteers) from any and all responsibility, liability, claims, demands, costs, expenses (including attorneys’ fees) or actions arising out of or relating in any way to my child’s/my volunteer services with City Green, Inc., including, but not limited to, all actions based upon negligence and all claims, for any personal or physical injury or damage to my child/me or my child’s or my property, whether occurring on City Green, Inc.’s premises or otherwise.

3. I hereby acknowledge that on my child’s behalf/my own behalf, that I have been given a reasonable opportunity to read the foregoing waivers and release of claims, and that I have read and fully understand its provisions and am aware of the inherent risks in the activities.

By signing below, on behalf of my child/myself, I agree that I have read, understood and agree to adhere to all of the policies and procedures outlined in the City Green, Inc. Volunteer Application.

Minor’s Name: _____

Parent/Guardian Name (Please Print): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Volunteer Name (Please Print): _____ Date: _____

Volunteer Signature: _____ Date: _____