



# PCG Volunteer Application

## Contact Information

Name

Street Address

City ST ZIP Code

Home Phone

Cell Phone

E-Mail Address

## Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

Administration

Deliveries

Events

Phone bank

Field work

Newsletter production

Fundraising

Volunteer coordination

## Special Skills or Qualifications (Use the back of this page to make notes.)

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience (Use the back of this page to make notes.)

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

Name

Home Phone

Cell Phone

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature X

Date

Parent / Guardian

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

**I AM AWARE**, that volunteering with the Portage Community Garden, (aka. PCG) involves risk of personal injury, property damage, and other risks associated with volunteer services.

**I RELEASE**, the PCG from any and all liability for all loss, damages and claims (including Attorney fees and costs), resulting from injury to the person listed below or to his/her property arising from volunteering services.

**I HEREBY HOLD HARMLESS**, the PCG and project organizers from any and all claims, actions, or damages relating to or arising out of any related volunteering for the PCG

**I UNDERSTAND**, I am fully completely responsible for all healthcare expenses incurred by me if I become injured while participating in the PCG volunteer program, and I have made arrangements to handle such expenses through insurance coverage, access to cash or other methods.

**FURTHERMORE**, I agree to utilize my own vehicle for transportation to and from the program, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and or anyone else in my vehicle. I agree not to provide transportation for any children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my own personal vehicle, to the extent required by law.

**I ASSUME FULL RESPONSIBILITY**, for any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering for the PCG.

**FURTHERMORE**, I authorize the PCG to use my name and give any organization involved with the PCG to photograph me. I understand that the PCG has permission to use my name, photographs/videotape, likeness, image, and voice in all media, publications, advertising and for publicity purposes in connection with my participation with the PCG volunteer program, related activity or project unless written notice is received to the contrary.

**I UNDERSTAND** fully and completely that the PCG does not carry or maintain any type of insurance, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the volunteer. With this we do **not allow any children under the age of 12 to participate as a volunteer without parental supervision.** And any child between the ages of 12-17 must be accompanied by an adult at all times while volunteering.

**I FURTHERMORE HEREBY HOLD HARMLESS NOT ONLY THE PORTAGE COMMUNITY GARDEN, BUT ANYONE AFFILIATED WITH THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO, THE DISTRIBUTION LOCATIONS, EVENT HOST, COLLECTION SITES, OTHER VOLUNTEERS, ETC. I UNDERSTAND IF I ATTEMPTED TO HOLD ANYONE OF THESE ACCOUNTABLE IT WOULD ADVERSELY AFFECT THE PROGRAM AND THE PROGRAMS ABILITY TO HELP THE FAMILIES BENEFITING FROM OUR VOLUNTEER SERVICES.**

I certify that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the PCG from any and all liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

**I have carefully read and understand completely the above provisions and voluntarily sign this release and Indemnity agreement.**

Volunteer Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_