



Volunteer Information Form

Personal

Full Name: _____
First MI Last

Church/Organization: _____

Address: _____
Street Address Apartment/Unit #

City State Zip

Phone: _____ Alternate Phone : _____ DOB: _____

Email Address: _____ Place of Employment: _____

Emergency Contact/Relationship: _____ Phone: _____

Additional Information*:

How would you describe yourself? White Black Hispanic Asian Other

Is your yearly household income above \$22,050? Yes No

*Data from this section will be aggregated for grant funding purposes and will not be connected with your personal information.

Interests

Please mark any of the following tasks that you would be willing to do:

- | | | |
|---|--|--|
| <input type="checkbox"/> bed construction/maintenance | <input type="checkbox"/> amendments/fertilizer | <input type="checkbox"/> watering |
| <input type="checkbox"/> tractor work | <input type="checkbox"/> creating rows | <input type="checkbox"/> harvesting |
| <input type="checkbox"/> construction | <input type="checkbox"/> group facilitating | <input type="checkbox"/> transporting crops (distribution) |
| <input type="checkbox"/> office/paper work | <input type="checkbox"/> planting | <input type="checkbox"/> chaperoning children |
| <input type="checkbox"/> site set up | <input type="checkbox"/> weeding | <input type="checkbox"/> Other: _____ |

Availability

Please indicate days/times when you are interested in volunteering: _____

Criminal Records Check

For the protection of minors, handicapped, and elderly, volunteers in assignments that require contact with these at-risk groups will submit to a comprehensive criminal background check as a condition of their acceptance and assignment as a volunteer. Partnering agencies will conduct comprehensive criminal background checks on their potential volunteers that will come into contact with minors, handicapped, and elderly, as a condition of volunteer's acceptance and assignment as a volunteer. Potential volunteers not submitting to criminal background checks, as required above, are immediately disqualified as a volunteer and will be refused assignment.

By signing below, individual volunteers are giving consent for background checks. Group leaders of partnering agencies are acknowledging their responsibility related to their group of volunteers.

Signature

Date