

# Teen Volunteer Application



## Contact Information

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ AGE / BIRTH DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

## Emergency Information

PARENT'S / GUARDIAN'S NAME \_\_\_\_\_ PHONE NUMBER(S) \_\_\_\_\_

**Cooking shifts at The Ceres Project are Tuesday 2-5, Wednesday 1-5:15 and Thursday 1-5:15. Sometimes we finish a bit earlier or later. Please be willing to stay until your shift is complete and the kitchen is cleaned up.**

How many hours per week do you want to volunteer? \_\_\_\_\_

What days/times are you available? \_\_\_\_\_

### 1. Why do you want to work at The Ceres Project (check all that apply)

- I like to cook
- to learn to cook
- to learn about whole foods
- to help people
- a friend or family was sick and helped by Ceres Project
- my friends work at Ceres
- my parents want me to volunteer
- school community service hours
- other: \_\_\_\_\_

### 2. What would you like to learn? Check as many as apply.

- how to cook
- about whole foods
- about gardening/farming
- about canning/preserving food
- about different specific cooking skills-like knife skills
- about why food makes a difference in health
- other: \_\_\_\_\_

### 3. How much do you currently cook at home?

- never
- occasionally
- once a week
- mainly baked goods/cookies
- 2-3 times a week (meals)
- almost every day (meals)
- other: \_\_\_\_\_

*(more on back)*

# Emergency Medical Release Form

This form is required for participation in The Ceres Community Project.

Please complete each section thoroughly, sign and date.

Child's Name: \_\_\_\_\_

Last

First

Sex: F  M  Age: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Additional person authorized to pick up my child and/or to contact in case of an illness of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Allergies** – Does your child have any allergies to food, medications, insects, etc.?  Yes  No

If Yes, please list: \_\_\_\_\_

**Health Conditions** – Does your child currently or in the past have any medical conditions that we may need to know about that would impact their work in the kitchen, or in case she/he needs treatment?

If Yes, please explain: \_\_\_\_\_

List any medication(s) currently taken by your child: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Physician's Phone #: (\_\_\_\_) \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy # /Medical #: \_\_\_\_\_

In case of emergency, take my child to the following hospital (please check one):

Nearest Hospital OR  \_\_\_\_\_ (name of hospital)

## Emergency Release

If, in the judgment of the staff of the Ceres Community Project, the child named above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Ceres Community Project (including its officers, directors, staff members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said child.

Print Full Name of Parent, Guardian

Signature

Date