

# CERES COMMUNITY PROJECT

## Youth Volunteer Application



NAME

TODAY'S DATE

ADDRESS

CITY

STATE

ZIP

HOME PHONE  (check preferred) CELL PHONE

EMAIL (Primary emails for communication)

SCHOOL

GRADE

AGE

BIRTHDATE

### Parent/Guardian Information

PARENT'S / GUARDIAN'S NAME

PARENT'S / GUARDIAN'S NAME

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

EMAIL

Would like to receive emails about schedule

EMAIL

Would like to receive emails about schedule

### DEMOGRAPHIC INFORMATION

#### Please check any that may apply:

- Black or African American   
 Pacific Islander or Native Hawaiian   
 Caucasian or White  
 Hispanic/Latino   
 Native American or Native Alaskan  
 Asian   
 Other Ethnicity

Gender:  Non-binary     Male     Female

Gender pronoun \_\_\_\_\_ (We want to know what to call you. For ex: he, she, they)

#### OFFICE USE

Orientation

Salesforce

Contacted: 1.

2.

3.

Scheduled \_\_\_\_\_  
Start Date \_\_\_\_\_



## Youth Volunteer Application

Please select which location you will work at:  Sebastopol  Santa Rosa  San Rafael

You must be able to work at least a 2.5 hour shift a week.

Sebastopol and Santa Rosa youth are asked to rotate between the kitchen and garden.

Please write in the EXACT TIMES you are available.

**Monday** Sebastopol \_\_\_\_\_ (kitchen 1–6 pm ~ garden 2–5:30 pm)

Santa Rosa \_\_\_\_\_ (kitchen 2 –6 pm~ garden 2–6 pm)

**Tuesday** Sebastopol \_\_\_\_\_ (kitchen 1–6 pm ~ garden 2–6 pm)

Santa Rosa \_\_\_\_\_ (kitchen only 2 pm–6 pm)

**Wednesday** Sebastopol \_\_\_\_\_ (kitchen only 1–6 pm)

Santa Rosa \_\_\_\_\_ (kitchen 2–6 pm~ garden 2–6 pm)

San Rafael \_\_\_\_\_ (kitchen 2:45-7pm)

**Thursday** Sebastopol \_\_\_\_\_ (kitchen 1–6 pm ~ garden 2–5:30 pm)

San Rafael \_\_\_\_\_ (kitchen 3:00-7pm)

Santa Rosa \_\_\_\_\_ (kitchen 2-6pm)

**What date can you start?** \_\_\_\_\_ **I can work more than once a week**

Are you volunteering at Ceres for Community Service hours? Yes No

How many hours do you need? \_\_\_\_\_

Is there anything that we should know that would help us in working with you? (medical condition, interests, reasons for doing Ceres, school project, disabilities?)

*Please initial*

### Youth Contract with Ceres Community Project

\_\_\_\_\_ I agree to participate in all aspects of the kitchen and garden work and be willing to do what is needed.

\_\_\_\_\_ I agree to participate fully, work as a team and be open, friendly and inclusive of others while at Ceres.

\_\_\_\_\_ I understand that Ceres is counting on me and that I am integral to accomplishing the work.

\_\_\_\_\_ I will let Ceres know when I am not able to show up.

\_\_\_\_\_ I agree to not share personal information about the clients.

Signature: \_\_\_\_\_

# C E R E S C O M M U N I T Y P R O J E C T

## Youth Volunteer Application



### VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, \_\_\_\_\_, agree to work for Ceres Community Project as a volunteer.

(PRINT NAME)

2. As a volunteer, I understand that I control the dates and times when I do the work and that Ceres Community Project is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.

3. I am aware that participation as a volunteer may require periods of standing, lifting and carrying objects up to 40 pounds, and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.

4. As consideration for volunteering for Ceres Community Project, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Ceres Community Project or its employees, agents, or contractors for injury damage resulting from the negligence, whether active or passive, or other acts, however caused by any of its officers, employees, agents, or contractors of Ceres Community Project as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE Ceres Community Project AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY Ceres Community Project's WORKER'S COMPENSATION PROGRAM. I authorize Ceres Community Project to seek emergency medical treatment on my behalf in case of injury, accident, or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

6. I understand that the materials and tools provided by Ceres Community Project are and remain the property of Ceres Community project, and I agree to return these tools and any remaining materials to Ceres Community Project at the end of my volunteer service.

7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IT'S CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

---

DATE	VOLUNTEER SIGNATURE	PRINTED NAME
------	---------------------	--------------

---

DATE	CERES COMMUNITY PROJECT REPRESENTATIVE SIGNATURE	PRINTED NAME
------	--	--------------

If volunteer is under 18 years of age, parent or guardian must read and sign. This release, its significance, and assumption of risk have been explained to and are understood by the minor.

---

DATE	PARENT OR GUARDIAN SIGNATURE	PRINTED NAME
------	------------------------------	--------------

CERES COMMUNITY PROJECT TAX ID: 26-225099



## PHOTO RELEASE

*As a non-profit social benefit organization Ceres Community Project depends on donations from individuals, businesses, organizations and foundations to support our work. Sharing stories about our programs and their impact is vital to our ability to raise funds. We ask for your partnership in this effort by signing the following photo release.*

### Video, Photographic, Internet Release Agreement

The undersigned enters into this agreement with Ceres Community Project. I have been informed and understand that Ceres Community Project may wish to use my own and/or my child's first name, likeness and speech in its printed and/or electronic communication materials (brochures, videos, website, social media etc.)

I grant Ceres Community Project and its designees the right to use such images and information. This grant includes the right to edit, mix or duplicate and to use or re-use the images in whole or in part and in any manner as Ceres Community Project in its sole discretion may elect. Ceres Community Project or its designee shall have complete ownership of the images and any printed material, video programs and web content (i.e. material accessible over the internet) in which the images may appear.

I also grant the right to broadcast, exhibit and otherwise distribute images as well as printed materials, video programs and/or web content either in whole or in part, and either alone or with other products.

I confirm that I have the right to enter into this Agreement; that I am not restricted by any other commitments to third parties; and that Ceres Community Project has no financial commitment or obligations to me as a result of this agreement.

I hereby give all clearances, copyright and otherwise, for the use of such images, and I expressly release Ceres Community Project and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above uses and representations.

The rights granted Ceres Community Project herein are perpetual. I hereby acknowledge receipt of reasonable and fair consideration.

Please **PRINT Child/Children's** name(s) \_\_\_\_\_

Please **PRINT Individual/Parent(s) or Guardian(s)** name(s) \_\_\_\_\_

Please **SIGN Your Name** [Individual/Parent(s)/Guardian/Volunteer] \_\_\_\_\_

No, I would like myself and/or my child to opt out of the Photo Release.

This release will supersede any previous releases on file.

Today's Date \_\_\_\_\_

Photo Release September\_2013

# C E R E S C O M M U N I T Y P R O J E C T

## Emergency Medical Release Form



This form is required for participation in Ceres Community Project.  
Please complete each section thoroughly, sign and date.

Youth's name: \_\_\_\_\_  
Last First

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

Parent/ Guardian Name: \_\_\_\_\_ Home Phone # : ( ) \_\_\_\_\_

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

Parent/ Guardian Name: \_\_\_\_\_ Home Phone # : ( ) \_\_\_\_\_

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

Additional person authorized to pick up this youth and/ or to contact in case of an illness or emergency: Name:

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

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

**Allergies**—Does this youth have any allergies to food, medications, insects, etc.?  Yes  No

If yes, please list: \_\_\_\_\_

**Health Conditions**—Does this youth 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 this youth: \_\_\_\_\_

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

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

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

In case of emergency, take this youth 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 youth 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 this youth. 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 youth.

Print full name of Parent/ Guardian

Signature

Date