

Rio Grande Healthy Living Park Volunteer Form

Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or

Guardian if under 18 years: _____

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ Tele: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver's License No. _____

Emergency

Contact: _____

(Name)

(Tele.No.; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? ____ Yes ____ No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____

Types of volunteer work you think you'd be most comfortable with:

___ Land Use Action Group

___ Media Action Group

___ Administrative Help in the Office

___ Fundraising Events

___ Farming/Ranching Mentor

___ Garden Mentor

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing
Address: _____

Tele. No.: _____

Name: _____ Mailing
Address: _____

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Tele. No.: _____

_____ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for the Rio Grande Healthy Living Park, I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that RGHLP may terminate this agreement at any time without prior notice for any reason. I hereby authorize RGHLP to check my references.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on site manager and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against RGHLP its director or committee members & SLVLFC, the non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for RGHLP. Further, I agree that RGHLP, or SLVLFC is not liable for any damage to my property or my dependent's property resulting from volunteer work for RGHLP. I agree that this release is as broad and inclusive as permitted by the laws of the State of Colorado.

Volunteer Signature: _____ **Date:** _____

Return completed forms to:

1. Scan, attach and email to: RioGrandeHLP@gmail.com

OR

2. Mail to:
Rio Grande Healthy Living Park, c/o Local Foods Coalition
P.O. Box 181, Alamosa, CO 81101