

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
E-Mail Address	
Are you under the age of 16? *If yes, your parent is required to fill out a form as well.	
Birthday	

Person to Notify in Case of Emergency

Name	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Agreements

I do hereby release...*

Fields to Families and all of its supporting farms, organizations and agencies, and all of its directors, officers, agents, staff and volunteers from any and all liability for any and all damages or injuries that may result to my person or property as a result of my role as a volunteer.

I hereby grant permission...*

to Fields to Families representatives, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Fields to Families.

Name (printed)	
Signature	
Parent's Signature	
Date	

