

# CERES COMMUNITY PROJECT



## TEEN VOLUNTEER APPLICATION

NAME _____		DATE _____
ADDRESS _____	CITY _____	ZIP _____
HOME PHONE _____	CELL PHONE _____	
EMAIL (please put all email addresses that you want to receive weekly emails) _____		
SCHOOL _____	GRADE _____	AGE/BIRTHDATE _____

### Parent Information

PARENT'S / GUARDIAN'S NAME _____	PARENT'S / GUARDIAN'S NAME _____
ADDRESS _____	ADDRESS _____
PHONE NUMBER _____	PHONE NUMBER _____
EMAIL _____	EMAIL _____

**Our funders are interested in the ethnicity of teens at Ceres. Please check any that apply.**

- African American       Caucasian       Native American  
 Asian/Pacific Islander       Hispanic/Latino       Other

**Gender**    Male       Female       Other \_\_\_\_\_

Are you in a CTE/ROP class or program in health, culinary and/or agriculture       Yes       No  
If so you may be able to get credit for your time at Ceres. Talk to us!

~ **We want all teens to be involved with both the kitchen and the garden at Ceres Community Project. If you are working weekly, you will be scheduled alternating with kitchen and garden shifts.**

~ **The kitchen is open Mon–Thurs, 1–6 and Fri, 10–4. Garden hours are Mon, Tues and Thurs from 2–5:30. We accommodate a teen’s school schedule and teens arrive at different times in the afternoon.**

~ **However, you must be able to work at least a 2.5–3 hour shift to volunteer at Ceres.**

~ **Please write in the EXACT TIMES you could come to a shift and if you can come every week.**

Monday \_\_\_\_\_ (kitchen 1-6pm ~ garden 2-5:30pm)  
Tuesday \_\_\_\_\_ (kitchen 1-6pm ~ garden 2-5:30pm)  
Wednesday \_\_\_\_\_ (kitchen only 1-6pm)  
Thursday \_\_\_\_\_ (kitchen 1-6pm ~ garden 2-5:30pm)  
Friday \_\_\_\_\_ (kitchen only 10-4pm)  
What date can you start? \_\_\_\_\_



**TEEN VOLUNTEER APPLICATION (continued)**

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

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

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

- how to cook
- about healthy foods
- how to grow food
- different cooking skills—like knife skills
- why food makes a difference in health
- other: \_\_\_\_\_

**3. Are you interested in learning more about the role of food (both eating and producing/distributing food) in issues like health care, the environment, and global climate change?**

\_\_\_\_\_

**4. Ceres offers events and classes for teens—cooking classes, potlucks, movie nights etc. Would you be interested in coming to these?**

\_\_\_\_\_

**5. Ceres teens often work at special events on weekends and other times. Are you interested in this?**     Yes     No

**6. Is there anything else you want us to know?** \_\_\_\_\_

**7. How did you hear about Ceres Community Project?**

- school
- friends
- parents
- media
- Ceres table at an event
- other: \_\_\_\_\_



**TEEN VOLUNTEER APPLICATION (continued)**

*please initial*

**Teen Contract with Ceres Community Project**

\_\_\_\_\_ I understand that my participation in the Ceres Project is integral to accomplishing the work each week. I agree to fully participate in all aspects of the kitchen and garden work including chopping onions, mopping, washing dishes, cleaning greens, weeding, digging and all the various tasks that may be needed.

\_\_\_\_\_ As a Teen Volunteer at Ceres, I agree to participate fully in the **Ceres culture** which includes working as a team, being open and friendly and inclusive of others, and being fully present and positive on my shift.

\_\_\_\_\_ I agree to let Ceres Community Project know at least **48 hours ahead** of time if I am not able to attend a scheduled shift.

\_\_\_\_\_ I understand that the **third time** I do not show up or provide at least 48 hours notice, I will not be allowed to participate in the program.

\_\_\_\_\_ I agree to keep **confidential** all information about Ceres' clients.

**FOR OFFICE USE:**

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# CERES COMMUNITY PROJECT

## VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY



1. I, \_\_\_\_\_ (PRINT NAME), agree to work for Ceres Community Project as a volunteer.
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 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 or 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 WORKERS' 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 ITS CONTENTS.  
I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

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DATE VOLUNTEER SIGNATURE PRINTED NAME

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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.

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DATE PARENT OR GUARDIAN SIGNATURE PRINTED NAME

# 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

# 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