

CERES COMMUNITY PROJECT



Teen Volunteer Application • Sonoma County

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other |

Gender Male Female Other _____

Are you in a CTE/ROP class or program in health, culinary and/or agriculture Yes No

Please select your preferred volunteer location Sebastopol Santa Rosa

- ~ If you are working weekly, you will be scheduled alternating with kitchen and garden shifts.
- ~ We accommodate a teen's school schedule, and teens arrive at different times in the afternoon.
- ~ 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 are available.

Monday	Sebastopol _____	(kitchen 1–6pm ~ garden 2–5:30pm)
	Santa Rosa _____	(kitchen only 2pm–6pm)
Tuesday	Sebastopol _____	(kitchen 1–6pm ~ garden 2–5:30pm)
	Santa Rosa _____	(kitchen 2pm–6pm)
Wednesday	Sebastopol _____	(kitchen 1–6pm)
	Santa Rosa _____	(kitchen 2–6pm)
Thursday	Sebastopol _____	(kitchen 1–6pm ~ garden 2–5:30pm)
Friday	Sebastopol _____	(kitchen 10–4pm)

What date can you start? _____



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1. What brings you to want to volunteer 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
- to gain job skills

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
- I was referred by someone at SAY other: _____



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please initial

Teen Contract with Ceres Community Project

- _____ I understand that my participation in Ceres Community 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 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:

CERES COMMUNITY PROJECT



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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 it's employees, agents, or contractors for injury damage resulting from the negligence, whether active or passive, or other acts, however caused by any of it's officers, employees, agents, or contractors of Ceres Community Project as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE Ceres Community Project AND IT'S 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, it's 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: 26-2250997

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.

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