

# CERES COMMUNITY PROJECT

## Adult Volunteer Application • Marin County



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NAME	DATE		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL	

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How did you hear about Ceres Community Project?

- Friends
- Heard/read about it on the TV/newspaper/radio
- Ceres table or event
- Health care provider/office
- Other: \_\_\_\_\_

What motivated you to volunteer at Ceres at this time? Check all that apply.

- To learn about healthy foods
- A friend or family member was sick and helped by Ceres
- I have been through a serious illness or had cancer
- I received meals from Ceres
- I attended a Ceres Education event
- My friends work at Ceres
- I have more free time and want to volunteer
- I want to be more involved in my community
- Other: \_\_\_\_\_

What do you hope to learn or experience at Ceres Community Project? Check all that apply.

- About healthy foods
- Why food makes a difference in health
- Get support for improving my diet
- Have more community in my life
- Give back to my community
- Other: \_\_\_\_\_

### OFFICE USE

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Background Check received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Results: _____
Input in CRM: _____	Contacted: 1. _____		Placement: 1. _____
Input in Connect: _____	2. _____		2. _____
	3. _____		3. _____

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### VOLUNTEER INTEREST

Please mark any of the volunteer positions at Ceres that you are interested in and rank your choices. (#1 being what you are most interested in).

- |  |   |
|--|---|
| <input type="checkbox"/> Delivery Angel<br><input type="checkbox"/> TH 6:15 - 8pm                | <input type="checkbox"/> Mentor Chef<br><input type="checkbox"/> W 3 - 7pm<br><input type="checkbox"/> TH 3 - 7pm |
| <input type="checkbox"/> Event Staffing*   | <input type="checkbox"/> Publicity/outreach/promotion*  |
| <input type="checkbox"/> Food procuring/pick up*   | <input type="checkbox"/> Data Entry*  |
| <input type="checkbox"/> Food Prep   | <input type="checkbox"/> MS Office/Excel *  |
| <input type="checkbox"/> Container sterilizing/dishwashing<br><input type="checkbox"/> W 1 - 3pm |   |
| <input type="checkbox"/> Prep Cook<br><input type="checkbox"/> W 1:30 - 3:30 pm                  |   |

\* Dates and times may vary

What days and times are you available to volunteer?

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Tell us briefly about your professional/work experience

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Do you speak other languages? Which? \_\_\_\_\_

Is there anything else you want to tell us about yourself?

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### WORK INFORMATION

JOB TITLE

WORKING CURRENTLY?

ORGANIZATION

ORGANIZATION CONTACT

### EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

HOME PHONE

CELL PHONE

EMAIL

### TO BE COMPLETED BY ALL APPLICANTS

Have you ever been convicted of any criminal offense other than the following:

*Minor traffic violation (fine \$500 or less); or offenses settled in the juvenile court/welfare youth offender law.*

Yes  No If yes, please explain: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

This information is confidential. Our funders are interested in knowing the demographics of our volunteers. Participation is optional and will be used to describe our volunteers as a group and not individually. Thank you for your assistance.

#### Racial/Ethnic

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

#### Income bracket

- Under \$10,000
- \$10,000-\$25,000
- \$25,000-\$45,000
- \$45,000-\$60,000
- \$60,000-\$75,000
- \$75,000-\$95,000
- \$95,000 and over
- Unsure

Date of Birth \_\_\_\_\_

Gender  Non-binary \_\_\_\_\_

Male

Female

Preferred pronoun \_\_\_\_\_

(We want to know what to call you for  
ex: he, she, they)

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### ADULT VOLUNTEER AGREEMENT

Thank you for volunteering with Ceres Community Project. As a Ceres volunteer, we are committed to providing you with a rich experience and in finding a volunteer position that meets Ceres' needs and is a good fit for you

- I, \_\_\_\_\_, agree to keep confidential all client information or otherwise private information of Ceres Community Project.
- I understand the volunteer commitment with Ceres Community project is 6-12 months.
- I understand that attendance at Volunteer Trainings is required in being a Volunteer with Ceres Community Project.
- I agree to do my best to communicate with the position coordinator or Volunteer Manager and give at least two weeks' notice if I will not be able to fulfill my obligations.
- I understand that Ceres Community Project is an evolving organization. Ceres is committed to a culture of openness, warmth and understanding as we nurture each other, our clients, and the larger community. We depend on all staff and volunteers to reflect this in our work together, and invite you to offer suggestions and feedback at any time, as well as through our yearly volunteer survey.

VOLUNTEER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

Ceres Community Project • PO Box 1562 • Sebastopol CA, 95473 • 707-829-5833 • [www.ceresproject.org](http://www.ceresproject.org) • ver:Dec2017MarinCounty  
Program Sites: San Rafael • Santa Rosa • Sebastopol

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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

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### 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 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 it's designee shall have complete ownership of the images and any printed material, video programs, 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 in either 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 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 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 Your Name** \_\_\_\_\_

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: \_\_\_\_\_