

Volunteer Application for the Halifax Community Garden

The Halifax Community Garden will serve the residents of Halifax and surrounding communities by providing public garden plots at minimal cost. Volunteers will be essential to the function and success of the garden. This project aims to improve the quality of life for our residents by giving them the skills they need to provide for themselves in times of economic uncertainty and helps to improve the community's overall resiliency. The garden is open from dawn to dusk. Volunteer hours will be established as needed.

Please fill out the form below in its entirety for an opportunity to become a volunteer.

If you are interested in using your skills and interest to help support the garden in a different way, want to bring a group or want to learn more about how you might be able to help outside of our volunteer hours, contact hasdcommunitygarden@gmail.com.

Name: _____ Email: _____

Street Address: _____ City: _____ State: _____

Zip Code: _____ Age: _____ Date of Birth: ____/____/____ (month/day/year Ex: 00/00/0000)

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Office Phone: _____ - _____ - _____

Emergency Contact: _____ Relation: _____

Phone: _____ - _____ - _____

Secondary Emergency Contact: _____ Relation: _____

Phone: _____ - _____ - _____

Preferred Hospital if care is needed: _____

Skills and Interests:

Education Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

List any special skills that might aid you in a volunteer position with the garden:

Do you speak a language other than English? Yes No

If yes, what language(s) and how fluent?

Current volunteer opportunities, I am interested in the following:

- Morning watering Planting, weeding, & harvesting Garden Maintenance Organizing shed
- Social Media Event support Coordinating educational and community events Other

What days are you available to volunteer?

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Personal References:

Name: _____ Phone: _____ - _____ - _____

Relationship: _____

Name: _____ Phone: _____ - _____ - _____

Relationship: _____

Name: _____ Phone: _____ - _____ - _____

Relationship: _____

By signing below, I give my permission to have the references above contacted.

Signature: _____ Date: _____

Signature of parent or guardian if volunteer is under 18: _____

Date: _____

The below individual hereby acknowledges that he/she has freely and voluntarily elected to participate in service at the Halifax Community Garden. It is understood that the town of Halifax, and/or its representatives assume no liability in the event of accident or illness, nor for damage to or loss of personal property. In participating in the program, the individual named here assumes all risk of accident, injury, illness, or damage to or loss of property. **In order to operate during the COVID-19 scenario, all those engaging with the Garden must agree to abide by all regulations issued by the State of Pennsylvania - failure to respect the state guidelines and new safety regulations established for the Garden will result in a ban.** By signing, the person agrees to indemnify and hold harmless the town of Halifax, and its employees from any and all claims, losses, suits, damages, judgements, and expenses resulting from bodily injury, personal or property damage, to or on the part of said individual or any third parties.

Signature: _____ Date: _____

Signature of parent or guardian if volunteer is under 18: _____

Date: _____

Applicants under the age of eighteen must have this application signed by their parent or guardian. By signing below, I grant the applicant my permission to volunteer at the Halifax Community Garden. I also understand if the applicant is **twelve years of age or under**, a parent or guardian, who has successfully completed the volunteer process, must be present with the minor while they are conducting their volunteer duties. Additionally, I understand that this form is valid through the remainder of the year, and needs to be submitted annually.

Signature of parent or guardian: _____ Date: _____

Do you give permission for your image to be used in the Halifax Community Garden marketing and promotional materials (website, Facebook, brochures, etc.)?

Please fill in the box to indicate your choice. Yes No

If under 18, please have a parent or guardian fill the box and sign below. Yes No

Signature of parent or guardian: _____ Date: _____

Please fill in the box to let us know if you're interested in receiving reminders and information on volunteer hours and volunteer opportunities: Yes No

----- For Office Use Only -----

_____ *Notified to Proceed* _____ *Orientation Scheduled* _____ *Orientation Completed* _____ *ID Badge*