



VOLUNTEER APPLICATION

Date: _____

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____ Date-of-Birth*: _____

AREAS OF INTEREST

Please note that volunteer opportunities vary throughout the year, and may not always be available within the areas you select.

_____ Administrative _____ Farming/Field Work _____ Grounds Maintenance
_____ School Programs _____ Community Outreach and Events _____ Fundraising

Briefly describe why you are interested in volunteering at Rockland Farm Alliance:

AVAILABILITY

Each department has shifts available at different times. Shifts typically last 2 - 4 hours. Please specify whether you are available on weekends or weekdays, and which time(s) and day(s) of the week are best.

Weekdays: _____ Mornings (M T W Th F) _____ Afternoons (M T W Th F)

Weekends: _____ Mornings (Sat Sun) _____ Afternoons (Sat Sun)

**Please note: All Rockland Farm Alliance volunteer applicants must be at least 16 years of age.*

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EDUCATION (You may attach a resume and skip this page if all the information is provided.)

Name of School	Diploma / Degree	Major
High School or Equivalency	Y N	
College / University	Y N	
Graduate / Post Graduate	Y N	
Professional / Business / Other	Y N	

EMPLOYMENT

Employer	Dates of Employment	Position Held

VOLUNTEER EXPERIENCE

Organization	Dates of Service	Tasks/Responsibilities

REFERENCES

Please provide at least two.

Name: _____ Daytime Phone: _____ Relationship: _____

Name: _____ Daytime Phone: _____ Relationship: _____



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Have you ever been convicted of a crime (not including traffic and parking violations)* Y / N

If Yes, please explain briefly: _____

**Please note: A conviction record will not be necessarily be a bar to volunteering. Factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account in considering your application to volunteer. Background checks will be run on all volunteers who will be interacting with children.*

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Relationship _____

Please email completed application to volunteer@rocklandfarm.org or mail to:

**Rockland Farm Alliance
220 South Little Tor Road, New City, NY 10956
Attention: Volunteering**

***Disclaimer:** Cropsey Community Farm is a working farm. As such, heavy-duty farming equipment, electrified fences, and other such hazards inherent to farming activities exist on the property. Volunteer opportunities, particularly within the areas of farming and field work, may also involve physical labor.*

Thank you for your interest in supporting the success of Rockland Farm Alliance and Cropsey Community Farm!



VOLUNTEER APPLICATION

RELEASE & WAIVER OF LIABILITY

By signing below, you acknowledge that you are in generally satisfactory physical condition and that you are volunteering to work at Cropsey Community Farm (“CCF”) located at 220 South Little Tor Road, New City, New York (the “Property”) which is operated by Rockland Farm Alliance, Inc. (“RFA”).

You also acknowledge that you understand and agree to the following:

1. CCF is a working farm. As such, heavy-duty farming equipment, sharp tools and implements, fences and other such hazards inherent to farming activities exist on the Property and may pose a danger to you. You agree not to use any tools or equipment without proper training and that you will take care when doing so.
2. It is possible that there will be ongoing construction and renovation work at the Property and your presence on the Property may expose you to the many hazards of a construction site. You acknowledge that these hazards exist and you assume full responsibility for yourself and your dependents and agree to accept any risk to injury in connection with your presence on the Property.
3. You are voluntarily signing this General Release & Waiver of Liability, and agreeing to its terms, on your own behalf and on behalf of any of your dependents, heirs, executors, administrators, legal representatives and assigns.
4. In the event of a medical emergency, RFA or CCF personnel will attempt to contact the Emergency Contact if listed above and will call for emergency services if necessary, but RFA and CCF do not undertake any responsibility with respect to medical care or attention.
5. By signing this Release & Waiver of Liability you agree to hold harmless, and waive any claims or causes of action that you or your dependents, heirs, executors, administrators, legal representatives and assigns may have against, and release from any such liability, each of RFA and CCF and their respective officers, directors, trustees, employees, agents, professionals, licensees or representatives with respect to any and all liability resulting from any injury you may sustain in connection with and arising out of your presence on the Property, regardless of the activity in which you are engaged.
6. You acknowledge that RFA and CCF are undertaking no specific duties with respect to you other than as set forth above.

Volunteer: _____ Date: _____

Parent/Guardian: _____ Date: _____

(Please sign and print if the Volunteer is under the age of 18)



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PHOTO & VIDEO RELEASE

I hereby authorize Rockland Farm Alliance, Inc. (“RFA”) and those acting pursuant to its authority to photograph, videotape, or use any other electronic method of recording my likeness and/or voice to be used at RFA’s discretion in publications and/or web sites. The photographs and/or video footage will not be digitally manipulated to materially change its content.

I hereby give RFA the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage of me in which I may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos and/or web sites where my image appears. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release RFA and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of RFA.

I waive any right to compensation for my appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

I have read and fully understand the terms of this release.

(If you are under 18 years of age, a parent or guardian must sign.)

Signature _____

Printed Name _____

Minor’s Name (if applicable) _____

Address _____

City/State/Zip _____

Date _____