**GIFTS OF LOVE/FARM**

Volunteer Form

**Contact Information (Required)**

**Name:** Mr./Mrs./Ms./Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(First) (Middle) (Last)*

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_­­­\_\_Female

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Street City State Zip*

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Home Cell Other*

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Relationship:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest and Availability**

**Are you volunteering:** \_\_\_ As an individual \_\_\_With a group \_\_\_\_ ***NAME OF GROUP****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

If with a group, are you interested in volunteering on your own? \_\_\_\_ Yes \_\_\_\_ No

**Please indicate the types of activities in which you might like to participate:**

\_\_\_\_\_\_ Client Visits \_\_\_\_\_\_Food Pantry

\_\_\_\_\_\_Clothing/Household Room \_\_\_\_\_\_Fundraising/Events \_\_\_\_\_\_ Seasonal (Holiday)

\_\_\_\_\_\_Farm \_\_\_\_\_\_Weekend Backpacks

**Court and Community Service Information (Required)**

**Have you been convicted of a Felony? \_\_\_\_\_Yes \_\_\_\_\_No**

*If yes, you will be asked to provide further information.*

**Are you completing a specific number of community service hours for:**

\_\_\_\_ School \_\_\_\_\_ Youth Group \_\_\_ Religious Purposes \_\_\_\_ Court Mandate \_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School/Youth Group/ Religious Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If so, how many hours must you complete?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **By what date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Background Information**

**Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any special skills or hobbies you would like to share?**

**If so, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Past or present volunteer jobs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Confidentiality (Required)**

I understand that the nature of my volunteer position may require, in certain situations, i.e. Client names, specific circumstances related to clients, and meeting and/or communication directly with clients. Therefore, I hereby state that all names, facts, paperwork and circumstances of my volunteering shall be strictly confidential in regard to any person(s) or entity outside of Gifts of Love.

I also recognize that there shall be no sharing of information between Gifts of Love and other organizations, unless approved by a staff member of Gifts of Love.

In addition, I also understand that volunteers do not make policy decisions. Volunteers work under the supervision of Gifts of Love management and administration; supervisors may vary depending on the project. Suggestions are always welcome and may be submitted to Nancy Carlson, Volunteer Manager. Volunteers are asked to call ahead in a timely fashion if you cannot work at the previously scheduled time. The only exception to not giving notice is in time of emergency.

**Volunteer Code of Ethics (Required)**

As a volunteer of Gifts of Love, I pledge to:

Respect

* Respect others even though I may not agree with them; Display courtesy, sensitivity, consideration and compassion for people, animals and plants; Use good judgment in recognizing the scope of authority of staff members

Safety

* Keep safety at the forefront of all volunteer activities; Follow the rules presented to me in training; Respect and use equipment and supplies as they are intended; Report all injuries immediately to a staff person

Quality

* Perform all tasks to the best of my ability; Ask for help when needed

Self Discipline

* Recognize my limitations and those of others; Ask for help when needed

Communication

* Recognize that I communicate both verbally and non-verbally; Listen to the needs of others

Commitment

* Recognize that commitment comes from within; Work together with staff and other volunteers to meet

Welfare

* Value my role in the maintenance of growth of the organization; Strive to promote a positive environment; Respect and support the people around meet the organization’s goals

Your signature below attests to the above statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name) (Signature) (Date)

**RELEASE OF LIABILITY**

**(Required)**

That I am of lawful age and acknowledge that I have volunteered to help at Gifts of Love 34 E. Main Street, Avon CT 06001, or at the farm located at 73 Wolcott Road, Simsbury, CT 06070. I acknowledge that I receive no compensation from Gifts of Love. I acknowledge that this work will involve hard work, which may include bending, stooping, reaching, kneeling, lifting, using hand tools, using motorized tools, carrying and other physically challenging tasks, and I certify and agree that I am in good health and am physically able to perform such work. I acknowledge that my volunteer work may involve risk of injury from such work and I agree that I am helping Gifts of Love at my own risk.

I agree that, while helping at Gifts of Love, I will:

1. Observe all safety requirements of Gifts of Love, where volunteer work is conducted, and
2. Use my best judgment and common sense to avoid injury or damage to myself, all other persons volunteering for Gifts of Love, all persons on the premises where volunteer work is being conducted, all property.

I acknowledge that Gifts of Love is allowing me to participate in this volunteer work in reliance upon the statements made in the Release and upon the release of possible claims that I am providing in the Release. Accordingly, I do hereby, for myself, heirs, executors and administrators, release, acquit, and forever discharge Gifts of Love and the property owners where the volunteer work is conducted and their respective heirs, executors, administrators, successors and assigns, of and from all, and all manner of actions, causes of actions, suit controversies, damages, judgments, and other liabilities, claims and demands of any nature whatsoever whether in law or equity, resulting from my volunteer services for Gifts of Love.

I understand that this release is intended to prevent any and all future legal action or claims which I might have against Gifts of Love and/or property owner arising out of my involvement in volunteer work, including travel to and from the volunteer site.

**Photo Release (Required)**

I grant full permission to Gifts of Love to use any photographs, film, video, or audiotapes of me performing volunteer work for any purpose Gifts of Love deems appropriate. \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_No

I Witness Whereof, I have signed this Release on this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name) (Parent/Legal Guardian Name)\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Signature) (Parent/Legal Guardian Legal Signature)\*

\*If the volunteer is under age 18, a parent or legal guardian must sign for the volunteer and accept responsibility for his/her supervision.