



WFP Garden Volunteer Application

Name _____ Date _____

Address _____

eMail _____ Cell Phone _____

Emergency Contact: In the event of an emergency, whom should we contact?

Name: _____

Phone: _____ Relationship: _____

Volunteer Availability

Mornings: Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun ____

Afternoons: Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun ____

Do you have previous gardening experience? If so what did you like to do most?

WFP Volunteer Agreement

As a volunteer I am aware that my participation will require physical activity associated with gardening that will require the use of reasonable caution to avoid injury. I am voluntarily participating in these activities with knowledge of the hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage.

By signing below, I agree to the following: I attest that I am physically fit and prepared for working as a garden volunteer. I hereby release, defend, and indemnify and hold harmless The Westport Food Pantry and its affiliates, partners, and sponsors and their officers, directors, employees, representatives, and agents, from any and all claims for expenses, personal injury, losses or damages that may be incurred or caused by me during or in connection with my participating as a volunteer, whether arising from the negligence of such persons or otherwise. I waive any and all liability to the Trustees of Preservation (The Trustees) for any accident, injury or fatality that occurs as a result of Westport Food Pantry operations, policies and /or practices on the Parcel (WFP garden) or on the adjacent premises at the Westport Town Farm under lease and management by the Trustees. I understand that, when I am participating at the garden, I will be under the supervision of the on-site manager or a volunteer manager. I also give Westport Food Pantry permission to seek emergency medical treatment on my behalf if I am injured or require medical treatment while participating at WFP.

Photo/Video Release

I hereby grant [], do not grant [] (check one) Westport Food Pantry permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

My signature below certifies that I have carefully read this agreement and fully understand its contents. Furthermore, by signing this form I agree to the following:

- WFP may do a CORI check on me for the state of Massachusetts.
- A copy of WFP Garden Volunteer Agreement will be placed in my personnel file.
- I am performing a volunteer service and do not expect compensation of any kind.
- Volunteering is an at-will relationship with WFP, with the understanding it will continue to exist until they, the WFP, or both parties desire to terminate the volunteer relationship.
- This agreement shall be governed by Massachusetts law.

Print Name: _____

Sign Name: _____ Date: _____