

Date: _____



Volunteer Application

Full Name: _____

Date of Birth: _____ Gender: M ___ F ___

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Occupation: _____

If student, name of school: _____

Parent/Guardian Name: (If under 18): _____

Parent/Guardian *Signature* (If under 18): _____

Emergency Contact Name: _____ Phone #: _____

Volunteer Tasks at Roots to Wings (Choose all which you have interest in.)

_____ Program Support (Assisting with product packaging, aronia berry harvest, aronia berry packaging, jam (making, baking, or special events.)

_____ Mentoring a 'Farmer'

_____ Maintenance (general repairs and maintenance to office location)

_____ Roots to Wings Bi-Weekly Farmer's Market

_____ Office Support (data entry, copying, filing)

_____ Group Project (Coordinate a group for a specific project – i.e. Aronia Berry harvest)

_____ Whatever needed!

Skill and interests: _____

(Examples: Gardening, photography, art, skilled trade such as an electrician, plumber, accountant)

I would like to volunteer as follow: (Indicate frequency below):

_____ Times a Week _____ Weekly _____ Bi-Weekly _____ Monthly _____ As Needed

_____ Aronia Berry Harvest _____ Special Project

Days of the week and times you are available to volunteer: _____

Volunteer Background Check Policy

Roots to Wings values the safety of those involved in our programs. It is our policy to background check all volunteers working with our programs. Volunteers are required to pass this background check.

Roots to Wings background check includes a nationwide conviction history check. The applicant's social security number is utilized for the background check, therefore, a social security number is required for ongoing volunteers. The background check must be completed before volunteers are able to be scheduled for volunteer opportunities.

Each applicant is required to purchase a Roots to Wings volunteer t-shirt for \$20.00 at the time of completing the Volunteer Application. This fee will be utilized to perform the background check, and the Roots to Wings Volunteer T-shirt will be worn when volunteering.

Convictions for the following crimes make an applicant ineligible to volunteer for Root to Wings:

- Any felony (Any crime punishable by confinement of greater than one year.)
- Any gross misdemeanor.
- Any crime involving force or threat of force against a person.
- Any crime involving controlled substances (Not paraphernalia or alcohol.)
- Any crime involving cruelty to animals.
- Any crime of a sexual nature (Including but not limited to sexual conduct with a minor, sexual assault, molestation, sexual abuse, indecent exposure, public sexual indecency, sexual exploitation of a minor, incest, failure to register as a sex offender, etc.).

If you fail to clear the background check, you will not be able to volunteer for Roots to Wings. You will be notified by email if you fail to clear the background check. You are entitled to copies of any public records obtained by Roots to Wings. If you feel the circumstances around the conviction precluding you from volunteering need further review, or you would like to discuss them further, please contact the Roots to Wings Executive Director.

Orientation and Training

All volunteers are asked to attend an orientation prior to their first time of service. Volunteer orientations are from _____ to _____ on the _____ of each month. The Roots to Wings Executive Director or

volunteer coordinator will reivev the Volunteer Handbook and answer any questions you may have. Training for individual tasks will take place on the volunteer’s first day.

I authorize Roots to Wings to access, review and obtain copies of state and federal criminal history records and make any reasonable efforts to determine whether I have been convicted or, found guilty of, or pled guilty to committing, attempting to commit, to conspiring to commit any crime that may bear upon my fitness to be a volunteer, in a position of trust over individuals with disabilities and must convey that determination to the qualified entity. I hereby release and hold harmless Root to Wings, including its Board of Directors, employees, and agents from all claims, demands and causes of action which I may now or may ever have by reason of or on account of, authorizing the release of, accessing, obtaining copies of or furnishing such information.

I understand that the relationship between Roots to Wings and the volunteer is an “at will” arrangement that may be terminated at any time without cause by either the volunteer or Root to Wings.

In the course of volunteering for Root to Wings, I understand I may be dealing with confidential information and I agree to keep said information in the strictest of confidence.

As a volunteer, I waive and release all claims against Roots to Wings, its Board of Director, employees, volunteers, or program participants for any and all injuries and/or losses sustained by myself, my heirs and assigns while volunteering for Roots to Wings.

I understand that it is my responsibility to notify Roots to Wings of any change of information provided in this application during the time I serve as a Roots to Wings volunteer.

I declare that I am the person referred to in this application, that the information supplier hereupon is true to the best of my knowledge, that I have read and understand this application and further understand that any false, misleading, or incomplete information substituted for accurate information will be grounds to immediately remove me as a volunteer with Roots to Wings.

Signature: _____ Date: _____

Social Security Number: _____ - _____ - _____

_____ Background Check Fee Obtained

_____ Volunteer T-Shirt Obtained

Attach an up-to-date copy of photo ID (government issued) or bring along to Roots to Wings Store when dropping off application.