



# NOURISHING FOOD FOR THOUGHT

18591 131<sup>st</sup> Trail North, Jupiter, FL 33478

[www.nourishingfoodforthought.org](http://www.nourishingfoodforthought.org)

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Are you CPR/First Aid certified?  Yes  No If yes, indicate certification expiration: \_\_\_\_\_

Have you ever been convicted of or plead guilty to a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

## Volunteer Interest

How did you hear about us? \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

Please indicate your general availability to volunteer (circle all that apply):

M		Tu		W		Th		F		Sa		Su	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Approximately how many hours per month would you like to volunteer?

1-5  6-10  11-15  16-20  21-25  26+



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Please indicate your area(s) of interest (check all that apply):

- Community Garden (i.e. planting, watering, pulling weeds)
- Farm Maintenance (i.e. building projects, groundskeeping)
- Special Events (i.e. Holiday Lights, Pumpkin Feeding, Honey Fest, Egg Hunt)
- Farm Store (i.e. customer service, arranging feed co-op pickups, dairy orders, product/event sales, register)
- Camps (i.e. counselor – age 18+ / CIT – ages 15-17)
- Workshops (i.e. assisting with setup/breakdown and lending a hand during workshops)
- Animal Care (i.e. feeding, milking)
- Grant Research/Writing
- Leadership Role (i.e. Committee Chair, Board of Directors)
- Other (please specify): \_\_\_\_\_

Do you have any skills, special interests, or experience that you would like us to consider?

Please indicate any prior volunteer experience.

Community affiliations (i.e. clubs, service organizations, religious):



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### Volunteer Waiver of Liability Form

**RELEASE AND WAIVER:** I attest that I am physically capable to participate in all of the activities associated with Nourishing Food for Thought (NFFT) as a volunteer. I hereby, for myself, my heirs, executor(s) and administrator(s), waive and release any and all rights and claims for damages I may have against Nourishing Food for Thought, its employees, representatives, successors and assignees, and any individual associated with Nourishing Food for Thought, and will hold them harmless for any and all injuries suffered in connection with my volunteer activities at Nourishing Food for Thought.

**PLEASE NOTE:** If a volunteer is under 18 years of age, then a parent or guardian must also sign this waiver.

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

If volunteer is under 18 years of age:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Volunteer



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### Media Release Form

I, \_\_\_\_\_ (print name), do hereby consent to the use of any photography, audio recording, video recording and/or publication of an existing photograph or image or recording obtained by Nourishing Food for Thought in its educational, promotional or fundraising materials.

I understand reproduction of the aforementioned, either in whole or part, alone or in conjunction with other photographs, sketches, art work, website images, video tapes, audio recording and text, is to be used by the agency, its employees, agents, licensees and assignees now and at any time in the future for educational, informational, fundraising and publicity purposes, and for radio and television broadcasting and distribution, advertising, trade promotion, or art purposes in publications and other advertising and promotional media, anywhere in the world, and hereby consent to such use on my behalf.

I hereby release the agency and its employees, agents, licensees and assignees from any and all claims arising out of photographing, audio taping, videotaping, reproducing, broadcasting, publishing, or exhibiting or any other use as is authorized by Nourishing Food for Thought.

Once information is released it may be re-released by the person(s) who received it and may not be protected by federal privacy regulations.

I have read the foregoing and fully understand the contents thereof.

Signature of Volunteer: \_\_\_\_\_

**If the above person is a minor**, a parent or legal guardian must complete the section below.

I am the parent or guardian of the above named person who is a minor and is permitting use of his/her likeness for media purposes for Nourishing Food for Thought. I hereby consent to and join in the foregoing grant, release and consent on behalf of said minor.

Print parent's or guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Birth Date of Minor: \_\_\_\_\_