

# Bittersweet

## Volunteer Group Application



12660 Archbold-Whitehouse Rd.  
Whitehouse, OH 43571  
419 875 6986  
www.bittersweetfarms.org



### Group Information:

Group/Organization Name : \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ H C W

Primary Phone Number: \_\_\_\_\_ H C W

E-Mail Address: \_\_\_\_\_

Number of Members Volunteering: \_\_\_\_\_

*If volunteers are under the age of 16, Bittersweet requires a 1:2 ratio of students to adults, one adult for every two students.*

### Emergency Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ H C W

Secondary Phone Number: \_\_\_\_\_ H C W

E-Mail Address: \_\_\_\_\_

### Location:

Please select the location(s) you are interested in volunteering:

Whitehouse

Lima

Pemberville

Middletown

Please list the days and times your group is available: \_\_\_\_\_

Are there any physical, age, or other limitations that we should consider when assigning a project to your group?

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

# Please have all volunteers read and sign the below agreement.

## Volunteer Agreement:

I agree to submit to and authorize Bittersweet, Inc. to conduct verification checks of my criminal background, personal and professional references, Bureau of Motor Vehicle Records, and searches of other public and private records as Bittersweet, Inc. deems necessary to secure information regarding me as a volunteer for the capacity I am seeking.

The information provided on this application is true, correct, and complete.

I agree and understand that as a volunteer, Bittersweet, Inc. is not obligated to provide me any payment or benefit for my services. I also agree to release Bittersweet, Inc., its Board of Trustees, employees and agents (collectively Bittersweet, Inc.) from any liability in the event I am injured or suffer damage as a result of the negligence of Bittersweet, Inc. I agree not to pursue any claim or initiate any action against Bittersweet, Inc. in the event that I am injured or suffer damage as a result of the negligence of Bittersweet, Inc. I understand and agree that this express assumption of risk, release and waiver is made on my own behalf and on behalf of my heirs, executors, representatives, assigns and when applicable, my minor child.

I agree not to disclose or discuss any program participant/resident, human resources, and/or management information with those who are not directly involved with the participants' care. This includes but is not limited to verbal and written discussion as well as electronic media.

I agree not to access any information or utilize any equipment other than that which is required.

I understand that accessing data must not occur simply to satisfy a curiosity, and it is unacceptable to look up data other than that required to perform my assigned role.

I agree not to discuss resident/participant, human resources, or administrative information where others can overhear, i.e. public areas of the farm, in restaurants and other public places, and social events. This includes, but is not limited to, verbal and written discussion as well as electronic media.

I understand that it is not acceptable to discuss participant information in public areas even if a participant's name is not used. This could raise doubts with participants, guardians, and other providers about our respect for a participant's privacy. This includes, but is not limited to, verbal and written discussion as well as electronic media.

I agree not to make inquiries for other personnel who do not have proper authority.

I agree to advise Bittersweet, Inc. in writing of any physical limitations which could affect or be affected by any volunteer activities I assume. I understand it is my responsibility to provide this information and I release Bittersweet, Inc. from any liability for injuries or illnesses which result from my failure to advise Bittersweet, Inc. in writing of any such limitations.

I understand that Bittersweet, Inc. may require alcohol, drug and substance abuse screening, and I consent to such an examination and authorize the release of the results of such an examination to Bittersweet, Inc.

I hereby authorize investigation of all statements in this application and request any company, institution, or persons contacted as part of this investigation to provide any and all pertinent information. To assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing same to Bittersweet, Inc.

I have read and understand the Bittersweet, Inc. Volunteer Handbook.

-----  
Signature of Applicant

-----  
Date

-----  
Signature of Parent/Guardian (if applicant is a minor)

-----  
Date



## CONSENT FOR USE OF PHOTOGRAPHS

I give do not give] permission for the use of photographs and/or videos taken of...

-----  
Name of Volunteer

...at Bittersweet Farms, Bittersweet Pemberville, Betty's Farm and/or Bittersweet Middletown.

I also  give  do not give] permission for the first name only of the individual listed above to be used by Bittersweet, Inc.

I understand that the photographs, videos, and/or names may be used for educational and/or promotional/social media purposes. These photographs and videos may also be used on the Bittersweet Website, Bittersweet Facebook Page, media articles, and other social media sites.

This permission is granted indefinitely or until Bittersweet, Inc. receives written notification from the parent/guardian/participant indicating otherwise.

-----  
Signature of Volunteer/Guardian

-----  
Date