



Personal Information:

First Name: _____ Last Name: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ H C W

E-Mail Address: _____

Current Age (required only if minor): _____

Legal Parent/Guardian Information (if minor):

First Name: _____ Last Name: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ H C W

E-Mail Address: _____ Relationship to you: _____

Emergency Contact Information:

First Name: _____ Last Name: _____

Primary Phone Number: _____ H C W

Secondary Phone Number: _____ H C W

E-Mail Address: _____ Relationship to you: _____

Background Information:

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime (felony or misdemeanor)?

Please select one: Yes No

Do you have any criminal charges pending? Please select one: Yes No

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Volunteer Information:

After given instruction, you must be able to perform any duties assigned independently or provide your own support. Duties include, but are not limited to, heavy lifting, weeding, trimming, replanting, packaging, cleaning, baking, and organizing. Volunteers will be expected to be on their feet for long periods of time and must be comfortable working in all weather conditions.

Have you ever worked with individuals with Autism/DD? Yes No

If yes, please explain: _____

Please circle the location(s) at which you would like to volunteer:

Whitehouse Pemberville Lima

Please circle the frequency with which you would like to volunteer:

Weekly Monthly

Please circle what days you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday

Please circle which shift you would prefer to volunteer:

Morning (9:00 a.m. to 11:00 a.m.) Afternoon (12:30 p.m. to 3:00 p.m.)

Are you able to perform the above duties and other duties as assigned independently?

Yes No

If no, what external supports will you be providing?

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Additional Requirements:

Are you fulfilling a school/court/diversion program requirement? Yes No

If yes, please complete the following information:

Name of School/Court/Diversion Program: _____

Number of hours required: _____ To be completed by (date): _____

Contact information for School/Court/Diversion Program:

Name: _____

Phone: _____ E-Mail: _____

Description of requirements: _____

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