

Promoting self-sufficiency, community inclusion and independence for people with developmental disabilities through meaningful employment and training in the production and marketing of high quality, fresh, organic food.



LEFT FOOT ORGANICS

PO BOX 12772
OLYMPIA, WA 98508
360-754-1849

www.leftfootorganics.org

"Generosity is not in giving of what you have . . .but in giving of who you are." -Johnnetta B. Cole

VOLUNTEER/INTERNSHIP APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMPLOYER _____ POSITION _____

WORK ADDRESS _____

How did you hear about *Left Foot Organics*? _____

PREVIOUS VOLUNTEER ACTIVITIES

Have you volunteered previously? Yes No If Yes, where? _____

What were your primary duties? _____

VOLUNTEER SKILLS AND PREFERENCES

Please describe what inspired you to volunteer with *Left Foot* _____

What special professional or personal skills do you have to share? _____

How many hours per week were you hoping to volunteer? _____

Please indicate the days and times you would be available to volunteer at the farm:

Shift	Tues	Wed	Thurs	Fri	Sat
9am-Noon*					
1pm – 3:30pm					

*Community Lunch Time - All crew members and volunteers are invited to eat lunch together from 12-1pm

REFERENCES

For the protection of the individuals with developmental disabilities that we serve, we investigate the criminal conviction history of all employees and volunteers. Any records received will be kept confidential and made available to you for your inspection. Please supply the following information to facilitate this inquiry:

First/M./Last Name _____ Birthdate (mm/dd/yy) _____

Please list two references, at least one who has served in a supervisory capacity, and indicate whether Left Foot has your permission to contact these individuals.

1. NAME _____ CONTACT? ____ Yes ____ No
RELATIONSHIP _____ PHONE _____
ADDRESS _____

2. NAME _____ CONTACT? ____ Yes ____ No
RELATIONSHIP _____ PHONE _____
ADDRESS _____

Left Foot Organics is a smoke free workplace. Can you comply? ____ Yes ____ No Initials _____

I understand the nature of the program for which I wish to volunteer, and certify that the statements above are true and correct. I understand further that my volunteer service is conditional pending the outcome of a criminal background investigation and that my first 10 volunteer hours will be served on a probationary basis.

Release of Liability Statement:

I agree and understand that my participation in any activity at left Foot Organics-physical or otherwise- is being done at my own risk. I agree that I am assuming all risks of injury, damage, or loss that may result from my participation in such activities. I agree that Left Foot Organics shall not be held liable as a result of any injuries, damage, or loss to me. I agree to release and discharge Left Foot Organics and its employees and representatives from all claims or causes of action, including causes of action arising out of its negligence (such as the maintenance of its premises and properties, instruction or supervision, or any injury, damage, or loss occurring while on said premises and properties).

***IF THE APPLICANT IS UNDER THE AGE OF EIGHTEEN (18) THIS SECTION MUST BE SIGNED BY A LEGAL GUARDIAN AND THE APPLICANT.**

SIGNATURE OF APPLICANT _____ DATE _____

***SIGNATURE OF GUARDIAN _____ DATE _____**