**PERRIS GREEN CITY FARM PROGRAM**

**Community Garden Volunteer Application Form**

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### YOUR CONTACT INFORMATION

Instructions: Please fill out all pages of this form completely, either by typing or printing in black or blue ink. An original signature is required for each application. If filling out on behalf of an organization, please include a contact name.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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If an organization,

Name of Business/Organization – exactly as you wish it to appear on materials

<table>
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<tr>
<th>Address (Street, City, State, Zip Code)</th>
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<thead>
<tr>
<th>Email Address</th>
<th>Telephone Number: (    )</th>
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<td>Best time to contact:</td>
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### PERSONAL INFORMATION

Are you at least eighteen (18) years of age?  ☐ Yes  ☐ No

Do you currently reside in the City of Perris?  ☐ Yes  ☐ No

(Residency and age are not required to participate)

Are you a part of an organization?  ☐ Yes  ☐ No

If so, please indicate _____________________________________

### INTERESTS / SKILLS / ABILITIES

Which of the following best describes your level of gardening experience?  ☐ Beginner  ☐ Intermediate  ☐ Master

Please mark the areas you would like to volunteer for:

☐ Site Maintenance (general care of garden grounds and plots; may require additional duties)

☐ Planting (participate in planting seeds/seedlings and harvesting mature crops)

☐ Assigning Plots (work with Garden Coordinator to assign plots and towers to community members and organizations)

☐ Social Events (plan and organize ONLY Garden centered activities and events with Garden Coordinator)

☐ Education (coordinate educational events for community members and teach gardening basics using existing growing systems)

☐ Management (serve to ensure the Garden is in full operation at all times)

☐ Other ___________________________________________

List your skills, abilities, related volunteer community service and relevant interest to the volunteer assignment you are seeking:

Languages you speak:  (Language is not restricted to English)  ☐ English  ☐ Spanish  ☐ Other __________________________

### SCHEDULE AVAILABILITY

If known, estimate length of time you are available: (Months) (Years)

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### CERTIFICATION AND AUTHORIZATION

I, the Participant, or the Participant’s parent or legal guardian, release and forever discharge and hold harmless the City of Perris, its elected officials, officers, agents and employees (“City Parties”) from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Participant’s participation in the Community Demonstration Garden. I, the Participant, or the Participant’s parent or legal guardian, understand and acknowledge that this Release discharges the City Parties from any liability or claim that Participant may have against the City Parties with respect to bodily injury, personal injury, illness, death, or property damage that may result in the Community Demonstration Garden. Once accepted, I understand that I may be released from my temporary volunteer position, since I serve at the will and pleasure of the City. I understand that I will not be paid for my volunteer services, and I am not considered an employee at any time. Participant or Participant’s parent or legal guardian is aware that the City may videotape or photograph the Garden and fully accepts and permits that Participant’s name and images may be used by the City as part of any illustration, advertisement, broadcast, website or publication for purposes of City business or public relations. Participants agree that Participant’s name and images may be displayed or used by the City without any fee or other form of compensation. Please check here if you DO NOT want your photo to be a part of publicity materials. ☐ (If you do not want to be in published photos, please let any photographer you see at the garden know that.)

______________________________________________________________        _______________

Volunteer/Sponsor Applicant’s Signature                      Date

Those under 18 years old must also have a Parent or Guardian Consent/Signature:

______________________________________________________________        ____________________________________

Parent/Guardian Signature                      Date