



VOLUNTEER INFORMATION SHEET

AVAILABILITY

Volunteer Name _____ D.O.B. _____ Age _____

Parents _____

Family names, if whole family volunteering & ages _____

Street Address _____ Town, State & Zip _____

Contact # _____ Email _____

Emergency Contact: _____ Contact # _____

Hobbies & Interests or Specific Skills that you have that may be beneficial to the farm and its mission _____

Siblings or Children _____

Special Needs, Allergies, Medical Conditions _____

AREAS OF INTEREST: Please circle all that may apply

Party Host Assistants

Special Event Volunteers

Garden & Greenhouse

Petting Zoo Guides

Farm Hands

Horsemanship

General

I have received a copy of farm/barn and volunteer tasks AND regulations as well as have received and signed a waiver/photo form.

Signature _____

Minors-Please have a parent or guardian sign: _____