

For office use only

Date of Application: _____

Date of background √: _____

Date of follow-up call: _____

Date of orientation: _____

Type of Volunteer: _____

NEW ORLEANS FOOD & FARM NETWORK

**GROUP VOLUNTEER
APPLICATION**



Contact Information:

Please provide the group leader/contact information below. If any group members are under 18 years of age, adult supervision is required.

Name of Group's Contact Person (first/last)	Work Phone:
Name of Organization/Group	Secondary Phone:
Street Address:	City/State/Zip:
Email:	Website:

Availability:

 ongoing project support

 specific event

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sun
Time of Availability:							

Monthly: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Are you able to use your vehicle(s) to transport supplies/equipment? yes no

If yes, please include a copy of driver's license of driver(s), and a copy of proof of insurance for each vehicle used. Paperwork can be submitted in person, when meeting with Food & Farm Network staff personnel.

Emergency Contact Information: (If under 18, list contact information for a legal guardian.)

Group members will be asked to provide contact information for emergencies before volunteering. If your organization has any policy on emergencies, please list the organization representative to contact.

In case of emergency contact for your organization:

Name:	Title:
Work Phone:	Secondary Phone:

Are there any physical conditions you would like to be taken into account when arranging volunteer assignments to your group? yes no

If "yes," please explain the accommodations required: _____

Food Preferences/Allergies for group members:

Skills and Interests:

Who or what prompted you to volunteer?	
How did your group hear about us?	

The New Orleans Food and Farm Network does not discriminate against any individual on the basis of race, sex, sexual orientation, gender identity, religion, disability, age, veteran status, ancestry, or national or ethnic origin.

All volunteers of the New Orleans Food and Farm Network must be willing to attend a volunteer orientation session, and sign the Volunteer Agreement outlining organization rules and regulations.

All volunteer applicants of the New Orleans Food and Farm Network must be willing to submit to a criminal background check if required by law before being considered for a volunteer position.

The New Orleans Food and Farm Network will keep the above application information confidential.

The New Orleans Food and Farm Network reserves the right to terminate the volunteer relationship with any individual who is not in compliance with organizational rules, regulations, and mission.

Mission Statement:

The New Orleans Food & Farm Network works with individuals, growers and communities to support sustainable growing practices and ensure equal access to safe, nutritious, enjoyable food.

In signing this form, applicant agrees that he or she has accurately completed the above information to the best of his or her ability, and applicant understands and agrees to the terms outlined above.

Applicant Signature _____ Date _____
(If under 18, signature of a legal guardian is required.)

Applicant Name (please print or type) _____

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NOTES:
