**Dallas Youth Garden Polk County Family and Community Outreach**

PO Box 554 Dallas Oregon 97338 192 SW Academy Suite 220 Dallas OR 97338

**VOLUNTEER ENROLLMENT FORM**

**(Please Print)**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender ❏ Male ❏ Female

Street/Mailing Address City Zip

Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ok to text: ❏ Yes ❏ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Work Days (Put X when available): Tuesday 4-5 \_\_\_ Thursday 4-5 \_\_\_ Saturday 9-11 \_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has Health Considerations? Yes❏ No❏ Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All work has a degree of risk. Except with respect to injury or damage negligently inflicted by employees of Polk County, the person named above does hereby forever release, discharge and acquit Polk County and its officers, agents and employees from any and all claims for death, personal injury or damage to property of any nature which may arise from or in connection with his or her participation in this program.

I understand every effort will be made to contact my emergency contact listed above. I hereby give permission

to the medical personnel selected by the person in charge of the garden event to order x-rays, routine tests,

treatment, release any records necessary, and to provide or arrange necessary related transportation for the

person named on this form. I hereby give permission to the physician selected by the person in charge of the

garden event to hospitalize, secure emergency treatment for, to order injection, anesthesia, and/or surgery for me as named on this form. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date

**Dallas Youth Garden Intern Enrollment Form Polk County Family and Community Outreach**

PO Box 554 Dallas Oregon 97338 192 SW Academy Suite 220 Dallas OR 97338

**Supervisor Tasks**

1. Be available one day per week Tues/Thurs 4-5 or Saturday 9-11 during the garden season (May-September) with occasional days off as needed.
2. It is not a requirement to know gardening to be a supervisor.
3. Supervisors help and encourage interns with their garden work. The goal is not to do for the intern but to engage and assist them to work independently. Occasionally supervisors may need to remind them to focus on their garden and not distract others from working.
4. All interns get six days off during the summer. This means that on MANY days an intern will be absent. Supervisors, volunteers, and senior interns will water gardens and pick vegetables for absent interns.
5. It is not a requirement to know gardening to be a supervisor.
6. Everyone gardens differently. However, if it appears that we are doing something you are unfamiliar with, or we could do better, please discuss it with other supervisors and the garden coordinator.
7. Problems and/or minor accidents rarely happen. However, in the event that something does happen, please address the problem, get clear information, document it (forms) and contact the garden coordinator.
8. Sign in and out when working at the garden. Your work is important to us and knowing volunteer hours helps us when we apply for grants.

**Code of Conduct**

1. Engage fully with a positive attitude and creative energy and provide guidance to interns.
2. Be cooperative, courteous and encouraging to others
3. Use language that is respectful to others. (Swearing, harassment, and bullying are not allowed.)
4. Take care of the property I interact with, and assume responsibility for purposeful damage I may cause.
5. Wear appropriate clothing for program activity(s). Follow the specific dress code, if provided.
6. Be present for scheduled work times or notify coordinator of any issues.
7. Do not use technology (cell phones) in ways that distract from program goals.
8. Follow state/local laws and workplace rules.

* No discrimination as to age, sex, gender expression, gender identity, marital status, sexual orientation, race, color, creed, physical or mental disabilities, injured worker status, national origin or political affiliation
* During work time be fit for duty and free of any adverse effects from drugs and/or alcohol.

1. Follow any related state or local health risk rules such as Covid19.

*I have read and agree to the Tasks and Code of Conduct above. I understand that if I violate any part of this agreement, I may be asked to leave the garden. I also understand that if I cause personal or public safety concerns, I may lose my eligibility to participate in some future Dallas Youth Garden events, and/or, lose my volunteer privileges*.

Signature/Date

Print Members Name

**POLK COUNTY**

**OREGON DRIVERS LICENSE (ODL) AND**

**CRIMINAL HISTORY CHECK (CCH)**

**AUTHORIZATION**

I voluntarily give my authorization to allow Polk County to conduct inquiries into my driving record through Department of Motor Vehicles as well as a criminal history background check (CCH) and/or Law Enforcement Data System (LEDS) check when applicable as part of the recruitment, selection, retention and/or volunteer process. I understand these background checks include both driving infractions and criminal convictions.

I have carefully read and understand this Authorization and Release and have voluntarily agreed to its terms to assist Polk County in meeting its business and due diligence needs. I further understand that all information and documents acquired by Polk County will be maintained as confidential and that Polk County will not release such information to me or to any other party.

By my signature, I attest that all information is true and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name (First, Middle, Last) Other Names Known by (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number (SSN) Date of Birth (DOB)

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Drivers License Number State of Issuance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department

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Printed Name of Witness Signature of Witness

\* If I am, or become a Polk County employee or volunteer, I understand that this authorization shall remain valid as long as I remain employed by Polk County.