

Date: _____



VOLUNTEER APPLICATION

CONTACT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____ Date-of-Birth*: _____

AREAS OF INTEREST

Rank your top three areas of interest. Please note that volunteer opportunities vary throughout the year, and may not always be available within the areas you select.

- | | |
|-----------------------------|------------------------|
| _____ Administrative | _____ Livestock |
| _____ Agriculture/Gardening | _____ School Programs |
| _____ Compost | _____ Public Programs |
| _____ Farm Store | _____ Visitor Services |

Briefly describe why you are interested in volunteering at Stone Barns:

AVAILABILITY

Each department has shifts available at different times. Shifts typically last 2 – 4 hours. Please note that opportunities for volunteering on weekends may be limited. Please specify whether you are available on weekends or weekdays, and which time(s) and day(s) of the week are best.

Weekdays: _____ Mornings (M T W Th F) _____ Afternoons (M T W Th F)
 Weekends: _____ Mornings (Sat Sun) _____ Afternoons (Sat Sun)

EDUCATION

Name of School	Diploma / Degree	Major
High School or Equivalency	Y N	
College / University	Y N	
Graduate / Post Graduate	Y N	
Professional / Business / Other	Y N	

*Please note: All Stone Barns volunteer applicants must be at least 16 years of age.

EMPLOYMENT

Employer	Dates of Employment	Position Held

VOLUNTEER EXPERIENCE

Organization	Dates of Service	Tasks/Responsibilities

REFERENCE

First Name: _____ Last Name: _____

Daytime Phone: _____ Relationship: _____

Have you ever been convicted of a crime (not including traffic and parking violations)*? **Y N**

**Please note: A conviction record will not be necessarily be a bar to volunteering. Factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account in considering your application to volunteer. Background checks will be run on all volunteers who will be interacting with children.*

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Relationship: _____

Please fax completed application to 914 366 7905 or mail to:

Stone Barns Center for Food and Agriculture
630 Bedford Road, Pocantico Hills, NY 10591
Attention: Volunteers

Disclaimer: Stone Barns is a working farm. As such, heavy-duty farming equipment, live animals, electrified fences, and other such hazards inherent to farming activities exist on the property. Volunteer opportunities, particularly within the areas of agriculture and livestock, may also involve physical labor.



RELEASE & WAIVER OF LIABILITY

STONE BARNS CENTER FOR FOOD AND AGRICULTURE (“SBC”) acknowledges that _____ has agreed to volunteer activities (the “Activity”) on SBC’s property located at 630 Bedford Road, Pocantico Hills, New York (the “Property”), beginning on _____.

SBC is a working farm. As such, heavy duty farming equipment, live animals, electrified fences, and other such hazards inherent to farming activities exist on the Property and may pose a danger to you. In addition SBC is in the process of completing construction and renovation work on the Property, and the Activity may expose you to the many hazards of a construction site. You acknowledge that these hazards exist and agree to assume full responsibility for yourself and understand and agree to accept any risk of injury in connection with your participation in the Activity or your presence on the Property.

You, by signing this Release and Waiver of Liability, on behalf of yourself and any of your dependents, heirs, executors, administrators, legal representatives and assigns, hereby release and hold harmless SBC and its officers, directors, trustees, employees, agents, licensees or representatives from any and all liability resulting from any injury you may sustain in connection with and arising out of such hazards, or in connection with your participation in the Activity, or your presence on the Property. You further waive any claims or causes of action that you or your dependents, heirs, executors, administrators, legal representatives and assigns may have against SBC and its officers, directors, trustees, employees, agents, licensees or representatives, to the extent that such claims or causes of action arise out of events or circumstances in connection with the hazards referred to above, with your participation in the Activity, or your presence on the Property. You acknowledge that SBC is undertaking no duties with respect to you.

Volunteer: _____ Date: _____

Parent/Guardian: _____ Date: _____
(if the Volunteer is under the age of 18)