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|  |  | **Personal Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_ /\_\_\_ /\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  mm/dd/yyyy  **Emergency Contact**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_  **Medical Information**  Are there any medical conditions we should be aware of?  YES | NO  If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Other Information**  Do you have experience working on a farm/gardening?  YES | NO  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What areas of the farm are of interest to you?  GARDENING | ANIMALS | PROGRAMS | OTHER  If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Why are you interested in volunteering on the farm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Consent**  (check all that apply)  \_\_\_\_ I confirm, to the best of my knowledge, that I do not suffer from any medical condition other than those listed above.  \_\_\_\_ I give permission for Generations Marketplace to take and/or use photo/video content taken during my time on the farm for promotional purposes.  \_\_\_\_ I agree to indemnify and hold blameless Generations Marketplace and/or its personnel, from and against any loss, damage or injury suffered by myself as a result of the tasks assigned by Generations Marketplace, as well as any medical treatment authorized by the supervising individuals representing Generations Marketplace.  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_  mm/dd/yyyy  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Volunteer**  **Form** **CONTACT** PHONE:  519-718-2273  ADDRESS:  200 Concession 13 Townsend  Simcoe, ON  EMAIL:  [generationsmarketplacealc@gmail.com](about:blank)  WEBSITE:  generationsmarketplace.ca |  |