



LANGTON GREEN COMMUNITY FARM

CREATING FERTILE GROUND TO NOURISH A HEALTHY AND INCLUSIVE COMMUNITY

Langton Green, Inc.
3016 Arundel on the Bay Road, Annapolis, MD 21403
410-263-3225 / 410-269-1010 / Fax 410-269-0297
HumanResources@langtongreen.org www.langtongreen.org

ADULT VOLUNTEER APPLICATION

Over the age of 18 years

Name _____

Date _____ Email _____

DOB _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

____ I do not want to receive communications from Langton Green, Inc.

Would you submit to a background check if necessary? Yes _____ No _____

PHOTO RELEASE

____ I grant ____ I do not grant permission to be photographed for possible inclusion in a Langton Green Community Farm publication or other publications for promoting Langton Green Community Farm.

I UNDERSTAND THE NATURE OF THE PROGRAM FOR WHICH I WISH TO VOLUNTEER AND CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. I UNDERSTAND THAT THE FIRST 10 HOURS OF MY VOLUNTEER SERVICE WILL BE ON A TRIAL BASIS.

SIGNATURE OF APPLICANT

DATE

SEE REVERSE

FOR OFFICE USE	
Orientation Date _____	
First Day _____	
Background Check _____	



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**Medical and Liability Release
Acknowledgement of Policies and Procedures**

Medical Release

In the event that an emergency arises while volunteering at the Langton Green Community Farm requiring medical treatment, I authorize Langton Green, Inc. to select and designate nurses, physicians, and/or surgeons to furnish medical and/or surgical care, and I authorize such medical and/or surgical care, as in the judgment of a physician and/or surgeon holding a physician's surgeon certificate issued by the Board of Medical Examiners of the State of Maryland, as may be needed and proper. I absolve the Langton Green Community Farm, nurses, physicians, and/or surgeons selected and designated by any of them, from any and all liability for their acts rendered in good faith.

VOLUNTEER SIGNATURE

DATE

Informed Consent

I recognize and understand that the activities of my volunteer project(s) at Langton Green, Inc. may be hazardous. I hereby expressly and specifically assume responsibility for any injury or harm resulting from these activities and release and discharge Langton Green, Inc. and representatives thereof from any and all liability for property damage, injury, illness, or death resulting from any volunteer activity.

VOLUNTEER SIGNATURE

DATE

Policies and Procedures

I have read and understand the policies and procedures of the Langton Green Community Farm.

VOLUNTEER SIGNATURE

DATE

Emergency Contact

Name _____

Relationship _____ Phone _____