



Memorandum

To: Growing Skills Program – Volunteer and Internship Applicants

From: SM Tenney

CC: MT Simon, PJ Carmichael, File

Date: February 15, 2018

Re: Volunteer and Internship Application Instructions

Thank you for your interest in being considered for a volunteer or intern position in the Growing Skills Program at Bluebird Canyon Farms. Volunteers and interns gain competencies through exposure to the rhythm and activities of the farm. We look forward to working with individuals interested in helping us operate and manage the site and learn skills associated with sustainable, agriculture, ecology, land stewardship and conservation.

Individuals interested in becoming part of our team are encouraged to apply by doing the following:

1. Print the Volunteer Application attached to this memo
2. Complete, sign and scan the application into one singular document
3. Please **do not** submit multiple scanned pages as they **will not** be considered
4. Return completed applications to our administrative office, as follows:
 - a. as an attachment via email bluebirdcanyonfarms@cox.net, or
 - b. via US Mail to our physical address shown in the memo footer below
5. Submitted applications will be reviewed on a case-by-case basis
6. Applicants will be contacted by our Office Manager
7. If accepted into the program, please do the following:
 - a. Contact our office to schedule one of our Thursday Farm Tours
 - b. Schedule an Orientation meeting to receive an Orientation package

Volunteers and Interns accepted into the program will be assigned duties according to their background, skills, interests and overall needs of the farm.



bluebirdcanyonfarms@cox.net

Telephone: 949-715-0325

1085 Bluebird Canyon Drive
Laguna Beach, California 92651

Volunteer Application

Office Use:

Date _____
 Received _____ / _____ / _____
 Added to _____
 Database _____ / _____ / _____

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

Additional Information

Do you have any special needs? Yes No Unknown

Do you have any physical disabilities? Yes No Unknown

Are you a minor (under 18-years old) or are you under a conservatorship? Yes No

If "yes" a parent/guardian/conservator signature is required in the "Agreement & Signature" section below:

Availability

When are you available for volunteer assignments?

- M T W TH F Sa
 Mornings Afternoons Evenings
 Monthly Weekly Events/Projects

Interests

Tell us in which areas you are interested in volunteering (Please Check No More Than Five Categories)

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Site Docent | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Social Media/Web Site | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Education/Outreach | <input type="checkbox"/> Events/Projects | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Farm & Garden | <input type="checkbox"/> Soil Fertility Program | <input type="checkbox"/> Ecological Restoration |
| <input type="checkbox"/> Conservation Kitchen | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Insectary/Worm Wrangler |
| <input type="checkbox"/> Growing Skills Program | <input type="checkbox"/> Design/Fabrication | <input type="checkbox"/> Seed Vault |
| <input type="checkbox"/> Beekeeping | <input type="checkbox"/> Aquaponics | <input type="checkbox"/> Poultry |

Special Skills or Qualifications

Tell us about yourself. List any skills or qualifications you have acquired from prior employment, previous volunteer work, or other activities such as hobbies or sports.

About you

Why are you interested in volunteering at Bluebird Canyon Farms?

What do you hope to learn or accomplish?

Professional References - Name

Phone

Time Known

Professional References - Name	Phone	Time Known
1)		
2)		
3)		

Our Policy

Bluebird Canyon Farms LLC (hereafter "BBF") provides equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age. Due to the physical nature of the work we cannot accommodate individuals with certain physical disabilities. However, all applicants who apply for consideration are evaluated on a case by case basis.

BBF reviews, screens, and selects applicants they feel best fit the overall program composition, philosophy and objectives. Although efforts are made to place all applicants, we reserve the right to select those we believe are best suited to the program needs and objectives. No warranties, pledges, guarantees, or assurances are made to any applicant who submits an application for consideration.

Applicants not accepted into the program may be reevaluated from time to time to determine suitability or eligibility for program acceptance. Applications will typically be kept on file for twelve (12) months and will be purged and destroyed after such time has elapsed.

Every effort will be made to contact applicants to inform them of our decision making.

Volunteer Disclaimer

Please read all elements of this section carefully, initial each section and sign below.

(Initials) _____

BBF is an operating, urban organic farm characterized by certain inherent hazards and risks. These include, but are not limited, to rattlesnakes, poisonous plants, venomous insects, open excavations, tripping hazards, operating electrical/mechanical equipment, rugged terrain, changing environmental conditions. Although BBF operates a safe and secure site your personal safety and security cannot be guaranteed. Volunteers agree to be alert to hazardous conditions and circumstances at all times.

(Initials) _____

Volunteers will receive vocational and life skills training and will “learn by doing”. They will only be assigned tasks for which they have demonstrated competency and are qualified to perform safely and effectively. Volunteers will not attempt any task, activity, or use tools or equipment without authorization.

(Initials) _____

Volunteers will follow site rules, wear appropriate work clothing, use personal protective equipment, work safely and use good judgment. Volunteers will report unsafe conditions to BBF management and understand they are authorized to stop unsafe activities at any time without consequence.

(Initials) _____

Consuming alcohol, using drugs or intoxicants and smoking including using electronic cigarettes is prohibited while onsite. Medication prescribed by a licensed physician is exempt from this prohibition.

(Initials) _____

Photography or videography onsite is prohibited without BBF’s written authorization.

(Initials) _____

BBF, its owners, employees and associates, (hereafter known as “Released Parties”) are NOT responsible for injuries occurring while participating in this Program and are NOT responsible for loss or damage to persons or personal property. Volunteers will assume risk to their persons and personal property caused directly or indirectly from activities associated with this Program, site conditions, foul and/or inclement weather, acts of nature, accidents, or any unforeseeable circumstances. Volunteers will not hold Released Parties responsible for damages or claims of any kind resulting from their participation in this program.

(Initials) _____

I hereby authorize BBF to contact my references listed above and agree their opinions may be used to establish my suitability as a volunteer. I release the individuals named above from all liability and/or damage claims for providing facts, and opinions.

Agreement & Signature

I affirm the facts set forth herein are true and complete. If accepted into this Program I understand false statements, omissions, or misrepresentations made on this application may result in my dismissal.

IMPORTANT - Individuals younger than 18-years of age or who are under a conservatorship arrangement must have their parent/guardian/conservator sign below or this document will be rejected.

Applicant Name (printed)	
Applicant Signature <i>(parent/guardian/conservator when required)</i>	
Date	