



Holly Springs Food Cupboard  
PO Box 268  
621 W. Holly Springs Road  
Holly Springs, NC 27540  
919-577-2210 or 919-662-0892

### Community Garden Volunteer Agreement

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If under 18: (Volunteers under the age of 14 are not permitted without parents' supervision. Exceptions may be made on a case-by-case basis.)

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Volunteer Consent:** I understand that volunteerism at the Holly Springs Food Cupboard Community Garden is working outdoors in a vegetable garden setting. The work includes but is not limited to; garden preparation, garden maintenance and repairs, pruning, digging, mulching, fencing, bed construction, harvesting, composting, as well as other associated garden and landscape work. I will be using common garden and landscape tools, as well as yard and carpentry tools. I hereby accept and assume full responsibility for any injury I may suffer while volunteering at the Holly Springs Food Cupboard Community Garden.

**Parental Permission:** I understand that my child/teenager may be supervised by other volunteers who are not responsible for ensuring the safety of my child/teenager. The Holly Springs Food Cupboard accepts no liability for minor volunteers who leave the Holly Springs Food Cupboard property without parental property or guardian permission.

In the event of injury parents/guardians authorize the Holly Springs Food Cupboard staff and adult volunteers to seek treatment for minor volunteers (under age 18) and to take other action should a medical emergency arise and waive and release my right for damages.

**Auto Insurance:** I will not operate a personal vehicle for volunteer activities unless I have at least the minimum amount of liability insurance required by North Carolina law.

**Photo Release:** I give the Holly Springs Food Cupboard permission to use/reuse and/or publish/republish pictures or images of me for the purpose of illustration, advertising and promotion for the Holly Springs Food Cupboard through any medium. The Holly Springs Food Cupboard has the right to change or alter this material.

I acknowledge that by signing this below I have read and understood that this Volunteer Agreement and that I am over the age of 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If volunteer is under the age of 18)