



GATEWAY GREENING VOLUNTEER FORM

PLEASE PRINT CLEARLY

Gateway Greening
The Power of Growing Food

Name: _____

Address: _____

City, State & Zip: _____

Primary Phone: _____ Phone Type (circle one) Home Mobile Work

Secondary Phone: _____ Phone Type (circle one) Home Mobile Work

Email Address: _____ Birthdate (MM/DD/YY): ____/____/____

Emergency Contact Name: _____ Emergency Number: _____

Have you ever been convicted of a criminal felony? Yes* No *If yes, please explain the nature of the crime, the date of the conviction and the disposition. Conviction is not an automatic bar to volunteer service. Each case will be considered on its own merits.

Responses to the questions below will be used for program reporting with no personal identifying information associated. Participation is voluntary.

Education (circle last year completed): **Grades:** 8 9 10 11 12 **College:** 1 2 3 4 **Graduate/Post Graduate School:** 1 2 3 4

Are you currently employed? Yes No **Employer's Name:** _____ **Position Held:** _____

List skills/hobbies/interests/training which may assist your volunteer activities: _____

Are there any volunteer activities you must avoid? _____

Why are you interested in becoming a volunteer for GGI? _____

How did you hear about us? _____

☐ By checking this box, I am stating that I do not wish to receive communications from Gateway Greening

Statement of Understanding I understand that volunteers are not employees of GGI, do not receive monetary compensation, and that all qualified volunteer applications will receive consideration without regard to race, color, sex, religion, national origin, citizenship, age, sexual orientation, disability, veteran status, marital status, or any other basis prohibited by law.

As a volunteer of GGI, I have been provided access to the GGI handbook on the GGI website and agree to follow all GGI guidelines and policies stated therein. I am aware that GGI has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time. I recognize that GGI may record, film, photograph, audiotape, or videotape my name, image, likeness, or volunteer work, and I grant permission to GGI to display, publish, distribute, or exhibit such for purpose of and in connection with any material that may be created by GGI. This permission is without compensation or approval rights and is valid until revoked by me in writing. Revocation shall not affect any material previously prepared, published and/or utilized by GGI and its affiliates during the time period my consent was in effect.

As consideration for the GGI's decision to allow me to serve as a volunteer, I hereby fully and forever release and discharge GGI, its members, directors, employees, and representatives (collectively, the "Releasees") from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorneys' fees) **that are caused by negligence or fault on the part of any of the Releasees** in connection with my volunteering with GGI or as a result of or during any of the Releasees' administering of first aid or seeking of medical care for me. Furthermore I agree that this Form shall be governed in every respect by the laws of the State of Missouri. This release of liability does not purport to release the Releasees from liability for intentional torts, gross negligence, or activities involving the public interest. **I understand that GGI is a smoke-free environment.**

Signature: _____ **Date:** _____

By signing this form, I have read and understand the above requirements for becoming a Gateway Greening volunteer.

Please direct all questions to the Manager of Volunteers 314-588-9600 x110 or volunteer@gatewaygreening.org

Please complete & mail/email to: Gateway Greening | 2211 Washington Ave | St. Louis, MO 63103 | volunteer@gatewaygreening.org