

## **Volunteer Contact Form**

Date:	
Name:	
Email:	
Address:	
City, State Zip:	
Phone Number:	
Date of Birth:	
Emergency Contact:	
Name:	
Relationship:	
Phone:	
Area of Interest:	
Events	
Farming/Gardening	
Direct Care	

□ Facilities/Maintenance

\*\*Volunteers shall always be responsible; financially and otherwise, for maintaining their own health, personal property and liability, while on the farm. Your acknowledgement that Dutton Farm is not an insurer of your own person or property.

You acknowledge that you are voluntarily participating in volunteer activities at Dutton Farm and confirm that you are physically fit and agree to inform Dutton Farm of any medical condition that may affect your participation.

In consideration of my participation as a volunteer, I waive and release Dutton Farm from all claims, liabilities, damages or losses that may arise out of my participation in the volunteer activities.

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

Staff Section

□ Background Check

🗆 TB Test

Dutton Farm Inc 2290 Dutton Road Rochester, MI 48306 248-608-4173