

HOPE GROWS COMMUNITY FARM
YOUTH VOLUNTEER APPLICATION

Hope Grows Community Farm Program is an educational and charitable organization operating from the beautiful Parkmont Farm in Hyde Park, VT. It is our mission to encourage personal growth through the example of compassionate and responsible relationships between people, animals, and our natural environment. We do this through:

- **Youth Mentoring**
- **Equine-Assisted Therapy**
- **Farm-Based Educational Activities**

Please print information below clearly. Thank you!

Volunteer and Contact Information

Date of application ____/____/____

Name: _____

DOB: _____ Age: _____* Gender: M F Height: _____

*All volunteers under age 15 must be accompanied by a responsible adult.

Parent/Guardian/Primary Contact (1)

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian/Contact (2)

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian/Contact (3)

Name: _____ Relationship: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone:

Email Address: _____

Availability

Please indicate below when you would be available to volunteer.

I would like to serve on a Regular Basis:

Please indicate the days of the week you would like to volunteer. If you are able, please include the approximate time that you would be able to arrive and depart on the days that you have listed.

I would like to serve on an Irregular Basis:

___ I would like to be contacted when help is needed on weekends

___ Contact me anytime major help is needed (ie. Stacking hay, cleaning, fundraisers etc.)

___ You can call me on short notice to come and help with projects

Areas of Interest

Please check all that apply.

___ Assisting with therapeutic riding lessons

___ Working in the garden

___ Barn and property cleanup

___ Stall cleaning

___ Trail building and maintenance

___ Assisting with programs for young children

___ Helping with farm stand

___ Animal care

___ Fundraising

___ Special event help

___ Other – please

specify: _____

Skills/Hobbies/Interests

Tell us about yourself, if you'd like.....interesting facts, outstanding skills, talents, hobbies, certifications, achievements, experience, interests, etc.

As a volunteer, what do you think your strengths are?

Other Questions

How did you hear about Hope Grows Community Farm Program? (HGCFP)

Why would you like to be a HGCPF volunteer?

Personal Fulfillment School Requirement Court Required Community Service
 Other*

*

Character/Personal References:

Please list below the names and contact information for three personal references for people not related to you, whom you have known at least one year.

Name	Relationship/ Affiliation	How long you've known them	Contact phone number

All volunteers will be asked to complete a release of liability form before volunteering.

Please complete this application and mail to:

**Hope Grows Community Farm Program
P.O Box 147
Hyde Park, VT 05655**

Thank you for your heart to share at HGCFP!