



Volunteer Form



| | |
|------------------|-------------------------|
| _____ Name | _____ Today's Date |
| _____ Address | _____ City/State/ZIP |
| _____ Email | _____ Phone |

1. Please indicate your areas of expertise and/or serious interest. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Buy Fresh Buy Local/Marketing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Buy Fresh Buy Local/Public Education | <input type="checkbox"/> Audio / Video Production |
| <input type="checkbox"/> Farm to School/Farm to Institution | <input type="checkbox"/> Print design |
| <input type="checkbox"/> Agricultural Policy | <input type="checkbox"/> Web design |
| <input type="checkbox"/> Biological Agriculture | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Nonprofit Management | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Event Coordination | <input type="checkbox"/> Administration/Office |

2. Please list any other skills, interests, or learning goals:

3. Please indicate the types of volunteer work you're interested in doing for CAFF. Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Assist with outreach at events | <input type="checkbox"/> Administrative and other office work |
| <input type="checkbox"/> Conduct public outreach at farmers markets (see 5.) | <input type="checkbox"/> Formal internship |
| <input type="checkbox"/> Specialized volunteering based on professional skill (e.g. design) | <input type="checkbox"/> Other: |

4. If you are interested in conducting public outreach at area farmers markets, please list the location, days, and times of those markets you'd be able to attend. For listings of California farmers markets visit www.buylocalca.org.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

5. How did you hear about volunteer opportunities with CAFF?

LIABILITY WAIVER - I, the undersigned, being a volunteer involved with CAFF, discharge and acquit CAFF, its board, officers, staff, agents, representatives and affiliates of all actions, causes of action, claims or any liabilities whatsoever. I understand that while volunteering for CAFF I participate on my own accord and will not hold CAFF accountable for any injury or harm that may arise from such activities.

Volunteer name (please print)

Signature

Date

Please return this form to Allyse Heartwell, CAFF, 2150 Allston Way, Suite 320, Berkeley, CA 94704 or allyse@caff.org