



# 2024 Volunteer/Participant Application - Friday Program





**Welcome to the garden!** On behalf of the mentors and staff of Legacy Farms, we are enthusiastic to begin another growing season at [Temple Hall Farm Regional Park](#), in Leesburg, VA. We are focused on expanding our program to offer opportunities to more participants and volunteers. Both will benefit from an introduction of work skills, identifying personal areas of interest, along with a focus on self-awareness and self-regulation. We believe in increasing personal development and character traits, which support us all in becoming valuable employees in the workforce and throughout life.



Our hope is to take Legacy Farms participants on a journey! The destination? Personal Development, self-awareness and self advocacy skills that last a lifetime.

### **FRIDAY MORNINGS IN THE GARDEN: *FLOURISH & GROW***

***June-October, Fridays 10am - 12noon, Temple Hall Farm Regional Park***

Our volunteer-based Friday program is designed to introduce individuals to the garden environment. Each week, working as a team, we will introduce new skills, including planting, weeding, watering, tool management, and safety to name a few. Individuals will also gain a greater understanding of diverse types of plants, flowers and planting methods.

We will explore mindfulness exercises and discuss the benefits of prioritizing a calm nervous system.

### **Program Donation:**

We do not have a set fee for our Friday program. We want everyone to be able to attend and grow along with us!

As you know, Legacy Farms is a non-profit and is able to offer employment and educational support services for neurodivergent individuals based solely on donations and fundraising. Programs like ours often cost families \$100+/per week, whereas Legacy Farms strives to give back to our neurodiverse community through volunteer training. Some workers may show an interest in and aptitude for garden work, as well as learn to work under managed, but increasing deliverable expectations. We have programming available on other days that offers a training-to-paid work path with entrepreneurial and garden mentors. To offer such a full range of program options, we rely on donations from those who support and are supported by our programming. Tax-deductible donations can be made here: [www.legacyfarmsvirginia.org/donate-now](http://www.legacyfarmsvirginia.org/donate-now)





## Finalizing the Application:

Please read, complete and sign the attached forms. You may hand-deliver your registration forms. For participants under 18, parents' signatures are required.

# Volunteer & Participant Application

## Contact Information

Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell/text \_\_\_\_\_

Email: \_\_\_\_\_

## Parent Contact information

Parent Name \_\_\_\_\_

Address:(if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell/Text \_\_\_\_\_

Email: \_\_\_\_\_

Questions? Email us: [info@legacyfarmsvirginia.org](mailto:info@legacyfarmsvirginia.org) or 703-646-8874 cell/text

- Garden Waiver
- Emergency & Medical Information form

***We look forward to working with you in the garden!***



# Emergency and Medical Information

I, \_\_\_\_\_, hereby grant Legacy Farms Virginia (Service Provider), of PO Box 4499, Leesburg, Virginia 20176, the authority to obtain medical treatment for the following individual:

**Name of Individual:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

The above service provider is authorized to:

- obtain medical treatment and procedures for the individual(s) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health service providers.

In case of an emergency, the service provider should first try to contact the parent/guardian. If the parent(s) cannot be reached, the care provider should then contact the following person(s) in the order listed below:

**Emergency Contact (1):** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**Emergency Contact (2):** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Preferred Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_



If the individual(s) become ill, the service provider will first try to contact the parent(s). If the parent(s) cannot be reached, the service provider should contact the following physician:

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

When was your most recent tetanus shot? \_\_\_\_\_

Please list all allergies the individual has and allergy plan (i.e. Epinephrine shot)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other medical information we should know such as "Seizure Plan"?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any specific needs/habits we should be aware of (such as a fear of birds or other triggers)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The service provider may provide the physician and other health care providers with the following health insurance information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Dated: \_\_\_\_\_

Parent or Guardian Sign: \_\_\_\_\_

Parent Address: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_



## Parent/Guardian Signature Form

Participants that submit this document must also have a parent/guardian accept the terms and conditions using this form. We also ask that you provide us with any specific behavior plan with application, so we may provide the best experience possible.

Sign		Print	
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The following highlights of the 2024 Seasonal Session participant application is provided for parent/guardian convenience only:

- **Information on status and interview schedules will be processed via e-mail.**
- **By checking the box below, I indicate that I have read, understand, and accept the conditions associated with the application process for participation. I further understand that selected applicants will be required to submit all necessary paperwork (provided when selected) and Behavior Plan to participate for the full schedule of the 2024 Seasonal Sessions.**
- **Please provide a recent photograph of the applicant for our records.**

	I certify that this application was completed by me and that all entries on it and all information contained in is CORRECT and COMPLETE to the best of my knowledge. in the event of selection, I understand that false, misleading, or omitted information given in my application (or during interviews) may harm my potential as participant.
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	The undersigned, hereby, states and agrees as follows: Legacy Farms Virginia has my permission to include photographic images of me/my child in print, and/or computer-based materials designed to be used in informational publications. I understand that the images may be distributed in a variety of settings, such as reports, marketing material and presentations. Images may also be included in the Legacy Farms Virginia website and thus be available to the public.
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	I understand that this application is not a contract and that any resulting project relationship is for no fixed period and is terminable at any time and for any reason by Legacy Farms Virginia. I further understand that statements which may be contained in policies, practices, handbooks, or other Legacy Farms material do not create any guarantee of project selection and that Legacy Farms has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of Legacy Farms, other than a corporate officer, has the authority to enter any agreement for any specific period or to make any agreement contrary to the foregoing and that any such agreement must be in writing, signed by an authorized officer, and be specifically for project selection, to be binding on Legacy Farms.
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By checking the box below, I indicate (as parent/guardian) that I have read, understand, and accept the conditions associated with the application process for participation. I further understand that selected applicants will be required to submit all necessary paperwork (provided when selected) and plan to participate for the full schedule of camp startup.

Date	
Guardian name	Signature



## Garden Waiver & Photo release

*We hope your gardening experience is safe and rewarding, but accidents can happen.  
The following waiver must be signed by all gardeners to protect our non-profit from liability.*

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Waiver: In consideration of being permitted to participate in any way in the Legacy Farms Community Garden I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Legacy Farms or its employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the community garden. (Initials\_\_\_\_\_).

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Legacy Farms and its employees, volunteers and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the community garden and to reimburse them for any such expenses incurred (Initials\_\_\_\_\_).

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Virginia that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect (Initials\_\_\_\_\_).

Photo/Video Release: I authorize Legacy Farms to use my or my child's photo in any manner Legacy Farms desires, for advertising, display, audio-visual, exhibition or editorial use (Initials\_\_\_\_\_).

Acknowledgment of Understanding: I have read this waiver of liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Print Name	Signature	Date
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**Parent or Guardian (if student is under 18):** I am the parent or legal guardian of the above named minor child and, as such, I am authorized to enter into this agreement. I agree that my minor child and I are bound by and subject to the terms of this agreement. I understand that my signature here reflects my agreement to hereby release, waive, discharge, and covenant not to sue Legacy Farms or its employees, volunteers and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Community Garden.

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Print Name	Signature	Date
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