**VOLUNTEER APPLICATION**

Watch Us Farm, Inc.

9906 E 200 S, Zionsville, IN 46077

Name: _____ Social Security #: _____

T-shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL Driver's License #: _____

Primary Disability: _____

Secondary Disability: _____

Do you have dietary/physical restrictions or medical issues? ☐ yes ☐ no Please list each here:

_____

_____

_____

Do you take medications during working hours? If yes, please list each here and review with the Executive Director.

_____

_____

_____

Likes: _____

_____

Dislikes: _____

_____

**Initials:**

_____ I authorize Watch Us Farm Inc to use photos, audio, & videos of me in publications & promotional materials.

_____ By signing & submitting this application, I give permission for Watch Us Farm to perform a background check and release and hold harmless from liability Watch Us Farm, parents of Watch Us Farm clients, employees, and volunteers, and other entities who provide background information and make decisions regarding my eligibility.

_____ _____

**Signature:** ☐ Parent/Guardian **Date**:

**CONTACTS**

Watch Us Farm, Inc.

9906 E 200 S, Zionsville, IN 46077

Name: _____ Cell Phone: _____

Date of Birth: _____ Can we send texts to this number? ☐ yes ☐ no

Address: _____ Can we send group texts to this number? ☐ yes ☐ no

_____ Email: _____

Allergies: _____

What medical information would you want an emergency health care provider to know? _____

_____

_____

**Emergency Contacts:**

Contact 1: _____ Cell Phone: _____

Relationship: _____ Use as Emergency Contact: ☐ yes ☐ no

Address: ☐ same as applicant ☐ legal guardian Can we send texts to this number? ☐ yes ☐ no

_____ Can we send group texts to this number? ☐ yes ☐ no

_____ Alternate Phone: _____

_____ Email: _____

Contact 2: _____ Cell Phone: _____

Relationship: _____ Use as Emergency Contact: ☐ yes ☐ no

Address: ☐ same as applicant ☐ legal guardian Can we send texts to this number? ☐ yes ☐ no

_____ Can we send group texts to this number? ☐ yes ☐ no

_____ Alternate Phone: _____

_____ Email: _____

**Insurance:**

Policy Holder: _____

Company: _____

Policy #: _____

**Primary Care Physician:**

Name: _____

Office Phone: _____

**Preferred Emergency Department:**

☐ IU Health North ☐ Ascension St. Vincent Carmel ☐ Witham

☐ IU Health Riley ☐ Ascension Peyton Manning ☐ Other: _____

☐ IU Health Methodist ☐ Ascension St. Vincent Indianapolis

☐ By signing & submitting this form, you attest all information is correct.

_____ _____

Signature: ☐ Employee/Volunteer ☐ Parent/Guardian Date:

Watch Us Farm, Inc. is an Equal Opportunity Employer.

**ONBOARDING & TRAINING REQUIREMENTS**
**EMPLOYEE AND VOLUNTEER**
Watch Us Farm, Inc.
9906 E 200 S, Zionsville, IN 46077

| Name | Position | Division |
|---|---|---|
| | ☐ Team Member ☐ Administration<br>☐ Team Leader ☐ Driver<br>☐ Team Supervisor ☐ Other<br>☐ Volunteer | ☐ Greenhouse<br>☐ Textiles<br>☐ Greeting Cards<br>☐ Other |
| **Start Date** | | |

**Employee & Volunteer**

| | Application | Submitted Date | Accepted Date |
|---|---|---|---|
| | Application (includes contacts, photo, video, & audio release, background check authorization, health insurance information) | | |
| | Resume or curriculum vitae | | |

**Employee**

| | Payroll | Date | Date |
|---|---|---|---|
| | Federal I-9 and supporting documents<br>• 1 from I-9 List A (US passport, permanent resident card), or<br>• 1 from list B for identity (driver's license, fed/state/local/school ID, voter reg card, US military card) and 1 from List C for employment authorization (social security card, birth certificate) | | |
| | Federal W-4 | | |
| | IN WH-4, if Watch Us Farm is primary employer then Co = "Boone" | | |
| | IN New Hire form | | |
| | **Other** | **Date** | **Date** |
| | Background check | | |
| | CPR/AED certification | | |
| | TB test (PPD) results | | |

Employee/Volunteer Signature _____ Date _____

Reviewed by Signature _____ Date _____