AAG GROUP VOLUNTEERING REQUEST FORM

Thank you for your interest in partnering with First Step!

***PLEASE NOTE: Submission of a request does not guarantee that the request can be fulfilled.**

GROUP'S CONTACT INFORMATION: _____ **TODAY'S DATE:** _____

Group/Organization: _____

Type of Group: _____ Contact's Affiliation/Role with Group: _____

Contact's Full Name: _____ Pronouns: _____

Contact's Phone: _____ Work Personal Are you over 18 years old? Yes No

Contact's Email: _____ Check box if you **DO NOT** want email follow-up:

Contact's Address: _____ City: _____ State: ____ Zip: _____

Group's Address: _____ City: _____ State: ____ Zip: _____

Worked with us before? **Yes** **No** If Yes, was it with this group? **Yes** **No**

If Yes, to either question above, please provide details below:

Who, How & When (i.e. donated, volunteered, hosted speaker – *you do **not** have to indicate if you received FS services!*):

TYPE OF REQUEST: Please fill out the section below that best fits with your group's desired plans.

Our Group is FLEXIBLE & is willing to work on any garden provided.

Our Group would like to choose our garden: via Email In-person

Please list availability for garden selection (dates and times):

Groups Overall Gardening Skill Level:
Beginner Intermediate Advanced

Desired Frequency: (check all that apply)
Weekly Bi-weekly Monthly Flexible

Days Available: (check all that apply)
Monday Tuesday Wednesday Thursday Friday

Time of Day: (check all that apply)
9-11am 10-12pm 1-3pm 2-4pm 5pm-7pm

Desired Start Date *(MM/DD/YYYY)*: _____

Please provide alternative dates or indicate preferred day-of the week/timeframe *(i.e. exact dates or "a Saturday in July")*:

FirstStep
Peaceful Families • Safe Communities

Anticipated Group Size (Total or Range): _____ Will there be children (under 18* years old)?: **Yes** **No**

If yes, approximate number of volunteers **8 & younger**: _____ **& 8 to 13** _____ & **13 to 18** years old: _____
*(*A legal guardian of children <18 years old will be required to sign a consent waiver & must be accompanied with an adult **21+**)*

Does your group plan to come to each visit as a whole group or split shifts amongst group members throughout the season?

Does anyone in your group require special accommodations (*First Step does have a barrier free facility*)?: **Yes** **No**

If yes, include them and any other specifications here: _____

If the day-of contact person is different than the information already gathered, please fill in their information:

Day-of Contact's Name: _____ Contact's Cell: _____

Contact's Email: _____ Are they over 18 years old?: **Yes** **No**

Are there any other details we should know before processing your request?:

Do you have any questions for us?:

I acknowledge that I am aware all members of our group are required to complete screening measures required by First Step. Which includes completing an online application that also gives consent for background checks, completing a DHHS Form and providing a copy of Driver's License/State ID, and signing up for prescheduled shifts before any visit onsite.

Signature _____ Date _____

THANK YOU!

<table>
<tr><td rowspan="2">FS OFFICE USE ONLY:</td><td colspan="2">Staff Oversight Required</td><td colspan="2" rowspan="2">Check if request was approved
Check if request was declined</td></tr>
<tr><td colspan="2">Within Typical or Atypical Business Hours</td></tr>
<tr><td>Date Received:</td><td colspan="2">Staff Assigned:</td><td>Date of Follow-Up:</td><td>Date of Confirmation:</td></tr>
<tr><td colspan="5">Garden Assigned:</td></tr>
<tr><td colspan="4">Any Changes to Note:</td><td rowspan="2">FINAL
Schedule</td></tr>
<tr><td colspan="4">Reminders/Need-to-Know for Staff Assigned:</td></tr>
</table>