



AAG INDIVIDUAL 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.

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

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: _____

Worked with us before? **Yes** **No** If Yes, Please Detail 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 desired plans.

I am FLEXIBLE & willing to work on any garden provided.

I would like to choose my garden.

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

Groups Overall Gardening Skill Level:

Beginner Intermediate Advanced

Days Available: (check all that apply)

Monday Tuesday Wednesday

Thursday Friday

Desired Frequency: (check all that apply)

Weekly Bi-weekly Monthly Flexible

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”):



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Do you require special accommodations (*First Step does have a barrier free facility*)?: **Yes** **No**

If yes, include them and any other specifications here:

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!

FS OFFICE USE ONLY:	Staff Oversight Required		Check if request was approved	
	Within Typical or	Atypical Business Hours	Check if request was declined	
Date Received:	Staff Assigned:		Date of Follow-Up:	Date of Confirmation:
Garden Assigned:				
Any Changes to Note:				FINAL Schedule
Reminders/Need-to-Know for Staff Assigned:				