

## **Three Sisters Farm Volunteer Worker Share Agreement**

We, Three Sisters Farm have offered you participation in our worker share program, and you \_\_\_\_\_, (the “Worker Share”) wish to participate in our worker share program for 2018.

To ensure a safe, productive, and positive experience for everyone, the Farm and the Worker Share agree to the commitments outlined below.

### **Section 1: Full Season Worker Share’s Obligations**

I, the Worker Share, agree to the following obligations:

- A. Schedule: I will volunteer at the Farm (check one)  Tuesday from 1:30-5:00PM,  Saturday from 8:30am-11:30am for 18 out of the 20 weeks of the season.
- B. Duties: I will perform any reasonable tasks as the farm may assign. I may be asked to perform duties including, but not be limited to, the following weeding, hoeing, harvesting veggies.
- C. Responsibilities: I will perform my tasks in a professional, courteous manner, follow the supervision and direction of any employee or volunteer to whom I am assigned, and participate in all training required by the Farm. Including adopting the standard handwashing procedure that is in line with the Food Safety Modernization Act.
- D. Arriving Late or Missing Shifts: I will notify the Farm in advance if I am unable to arrive for my shift at the scheduled time. I will make up any missed time on the days designated as make up days by the Farm.
- E. Substitutes: I will not send a substitute to work my shift without the Farm’s prior approval.
- F. I understand that I must be accepted into the worker share program.

### **Section 2: Half-time Worker Share Obligations**

- A. All obligations are the same as in section one, but this option allows teachers and students to commit to a 9 weeks total and receive an every other week share.

### **Section 3: The Farm’s Obligations**

We, the Farm, agree to the following obligations:

- A. Opportunity: We will provide the Worker Share with the opportunity to experience the intrinsic benefits of and learn about farming, food production, and the culture of community supported agriculture.
- B. Gift: We offer as a gift to the Worker Share for their volunteer service one box of produce for the each week they participate at the farm during the season.
- C. Termination: We reserve the right to terminate this agreement at any time. If we choose to do so before the schedule stated in Section 1.A has been completed, we will provide the Worker Share with all reimbursement earned up to the date of termination.

### **Section 4: Nature of the Worker Share’s Service**

I, the Worker Share, understand and agree that I am not an employee of the Farm and am not entitled to, nor do I expect, any compensation for my service including, but not limited to, minimum wage, overtime, unemployment insurance, workers’ compensation insurance, or any other benefits.

(Volunteer Worker Share Agreement, continued)

## **Section 5: Worker Share's Assumption of Risk and Release of All Claims**

### **A: Risks of Volunteering**

I understand that the activities at the Farm involve serious risks. I may be exposed to, for example, but not limited to: insects; wildlife; farm animals; inclement weather; extreme temperatures; heavy machinery; tools; the actions and negligence of employees, volunteers, and other people present on the farm; and dangerous conditions on the land such as holes in the ground or barbed wire. I understand that these examples are not all-inclusive and there may be additional risks, all of which may involve serious personal injury, death, or damage to my property.

### **B: Release of Claims and Assumption of Risk**

In exchange for the opportunity to volunteer on the Farm, I (and my family, heirs, and personal representatives) willingly and knowingly release the Farm and its officers, owners, employees and agents from any and all liability for any personal injury or damage to property relating to my participation. I (and my family, heirs, and personal representatives) agree to assume all of the risks and responsibilities of my participation. I understand that I am solely responsible for any hospital or other costs arising out of any personal injury or property damage relating to my participation on the Farm.

### **C: Medical Care Authorized**

I am physically fit to participate in activities at the Farm. I understand that there are no medical services available on site or otherwise, and I give the Farm permission to authorize emergency medical treatment for me. I release the Farm and its officers, owners, employees and agents, from liability for any injury or damage that might extend from such emergency medical treatment.

I further agree that this waiver should be interpreted as broadly and inclusively as state law permits.

## **Section 6: Signature**

---

Printed Name of Worker Share

---

Signature of Worker Share

---

Date

---

Phone Number

---

Email Address