

## 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 2021.

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

### Section 1: Worker Share’s Obligations

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

- A. Schedule: I will volunteer at the Farm in Campbellsport (check one)  Tuesday from 1:30-5:00PM,  Saturday from 8:30am-11:30am,  Thursday 8:00-11:30am for (check one) or write in \_\_\_\_\_  9 total shifts,  18 total shifts.
- 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. Preparation: I will come prepared and dressed appropriately for the weather. I will wear close toed shoes and bring clean work gloves, my own mask and drinking water. I will not smoke on the property.
- F. Substitutes: I will not send a substitute to work my shift without the Farm’s prior approval.
- G. I understand that I must be accepted into the worker share program.
- H. Recordkeeping: **NEW THIS YEAR** | The farm will have a note book for you to sign in for your shift so there is a point of reference for how many shifts you have worked. It is up to you to make sure you sign in so that your shift gets counted.
- I. If you do not fulfill your total number of shifts by December 15<sup>th</sup> of this year you will be billed \$32 for each missed shift that you received a box of produce for.

#### Section 1.5: Masks

You are more than welcome to wear a mask during your shift. You may be asked to wear a mask if

- A. Some we are working with has a compromised immune system
- B. We are working indoors
- C. We are not able to arrange ourselves in a 6ft minimum working distance.

### Section 2: Half-time Flexible 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 total shifts 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 veggie boxes up to the date of termination.
- D. Provide shifts from June through mid-October.

**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.

**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**

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Printed Name of Worker Share

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Signature of Worker Share

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Date

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Phone Number

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Email Address