Chicken Committee Livestock Volunteer Application

Please fill out and return the below application by email to:
hattiecarthangarden@yahoo.com or by mail to: Yonnette Fleming
640A Greene Ave., Garden Floor
Brooklyn, NY 11216

Contact Information:

Name: ______________________
Address: (street)______________________ (city)____________ (zip)_________
Phone: ______________________ Email: ______________________

Availability:

Monday: ○ Morning ○ Afternoon
Tuesday: ○ Morning ○ Afternoon
Wednesday: ○ Morning ○ Afternoon
Thursday: ○ Morning ○ Afternoon
Friday: ○ Morning ○ Afternoon
Saturday: ○ Morning ○ Afternoon
Sunday: ○ Morning ○ Afternoon

Can you commit to coming to the Garden at regular scheduled times/days to care for the chickens? Yes No

Do you have any physical limitations, allergies or medical conditions that might effect your work at the Garden? Yes No
If yes, please explain: ___________________________________________________
____________________________________________________________________
____________________________________________________________________

Special Skills and Interests

Do you have any past experience working with livestock? Yes No
If yes, please explain (what kind of livestock, responsibilities, time frame):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Do you have any other applicable skills or experience?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What interests you about working with the Hattie Carthan Garden chicken project?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Other Notes:
____________________________________________________________________
____________________________________________________________________

**Community Service Experience**

Organization: _______________________________
Description of Involvement: _______________________________
____________________________________________________________________
____________________________________________________________________

Organization: _______________________________
Description of Involvement: _______________________________
____________________________________________________________________
____________________________________________________________________

**Name of person to contact in case of an emergency:**
Name: _______________________________
Relationship: _______________________________
Telephone Numbers to call: Day: ________________ Evening: ________________

Livestock volunteers agree to participate in the associated training and educational activities, uphold the mission of the Hattie Carthan Community Garden and Farmers’ Market and to be present on scheduled days/times to the best of his/her abilities.

____________________________________________________________________
(Signature/Volunteer) (Date)