COME VISIT THE DOWNTOWN SAN BERNARDINO FARMSHARE MARKET:

serving lunch, snacks, produce, nick-knacks and more!

Court Street Square (Corner of Court & E)
Thursdays 11:00AM-2:00PM

Featuring: certified fruits & vegetables, Italian cheese spreads & olives, jams, jellies, preserves, Mad House Gourmet Hamburgers & BBQ, Mi Casita Tacos, Family Fusion (Teriyaki) and Sunshine on Wheels (Breakfast Burritos & Sandwiches)*

***vendors subject to change, without notice**

Feeling adventurous? Sign up for a 3 month delivery of locally grown produce—also known as a Farmshare!

Email: cerezo_av@sbcity.org
Phone: (909)384-5233
Website: www.facebook.com/downtownsbfarmsharemarket

Patrons of the Roosevelt Bowl

FARM SHARE REGISTRATION

A Farmshare is your ticket to a weekly supply of fresh, honest, local food sourced from right here in Southern California.

- Court Street Square (corner of Court & E Street)
- Thursdays 11:30AM-1:30PM

Name:_____

Phone Number:_____

Email:_____

Full Share $364 or Medium Share $234

To sign up, return registration packet items and a check made payable to Old Grove Orange to Parks and Recreation: 201 North E Street, Suite 301, SB, CA 92401

healthysanbernardinocoalition@gmail.com

www.facebook.com/downtownsb farmsharemarket

Brought to you by:

FIRST 5 SAN BERNARDINO KAISER PERMANENTE HEALTHY San Bernardino

Downtown
San Bernardino
Farmshare Market
2014 Fall Schedule

Thursdays at Court Street Square
Farmshare: 11:30AM-1:30PM
Full Market: 11AM-2PM

October 16
October 23
October 30
November 6
November 13
(DOUBLE) November 20
(NONE) November 27
December 4
December 11
(DOUBLE) December 18
(NONE) December 25
(NONE) January 1
(DOUBLE) January 8

Winters Season starts on January 15

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FIRST 5 SAN BERNARDINO
KAISER PERMANENTE®
HEALTHY San Bernardino
LATINO HEALTH COLLABORATIVE
Old Grove Orange

Old Grove Farm Share

What We Have

We can guess what you want to know: so what kinds of fruits and veggies are in an Old Grove Farm Share?! The wonderful thing about being located in Southern California is that we can grow delectable produce all year-round. Here's a list of the kinds of **yummy treats** you can expect to find at one point or another in your Old Grove Farm Share:

- **Fall Season**

  Baby Potatoes, Sweet Potatoes, Winter Squash, Pumpkins, Baby Carrots, Purple/Orange/Yellow Carrots, Fava Beans, Sugar-Snap/Snow/Shelling Peas, Beets, Radish, Turnips, Mini Cabbage, Onions, Caluiflower, Broccoli, Swiss Chard, Kale, Lettuce, Spinach, Fennel, Avocados, Lemons, Oranges, Apples, Pears, Apple-Pears, Kiwi, Persimmons, Pomegranates, Mint, Herbs

- **Winter Season**
- **Spring Season**
- **Summer Season**

What's More…

While we think you'll be immensely satisfied with the delicious fruits and vegetables, there's more. Knowing your food means knowing where your food is grown; that's why we have events here at the **Old Grove Hub**! Like we've mentioned elsewhere, Old Grove Farm Share is a group of 28 farmers; our flagship farm, though, is located in Redlands at the base of the Crafton Hills, and we'd love for you to come check us out. We'll be posting news on our blog and on Facebook, so stay tuned.

Terms & Conditions of the Downtown San Bernardino Farmshare Market

1. **Farmshare**: pre-paid weekly delivery of fruits and vegetables for 13 weeks/3months; 4 seasons/year
2. **Pricing**: full share: $364, suggested for a family of 4 ($1/person/day); medium share: $234, suggested for a family of 2
3. **Registration, Payment and Submission**: at this time, only checks made out to Old Grove Orange are being collected by the City at the Parks, Recreation & Community Services Department: 201 North E Street, Suite 301, San Bernardino, CA 92401-1507, Monday-Thursday 8:00AM-5:00PM; visit www.facebook.com/downtownsbfarmsharemarket or the City's website, for a registration packet
4. **How I know I have been admitted**: you will receive a confirmation email and/or call
5. **Schedule**: every Thursday from 11:30AM-1:30PM, with some holiday exceptions - these will be noticed; **rain or shine**
6. **What produce I can expect**: around 5 different fruits and veggies and 1 herb; the farmer's goal is to provide complimentary items to make a salad, a stir fry, on the go snacks and something "adventurous" (see link for season specific lists: http://oldgrovefarmshare.com/how-it-works/what-we-have/)
7. **How much I can expect**: while there is no weight measure, full shares, on average, accommodate a family of 4, and medium shares, on average, accommodate a family of 2 for a week
8. **What to do if I get items I do not like or I do not know what they are**: feel free to switch with other participants, or leave unwanted items in bins; items left will be donated; recipe printouts are sometimes provided and posted on the Facebook group page
9. **I did not get any of X, Y or Z**: please notify someone at the market, if this occurs; note, to ensure freshness, items are sometimes picked or changed last minute; quantities may also be estimated, resulting in a shortage of items; the market is doing its best to ensure you get your fair share every week, you may notice a "check-out process" to also help; medium shares will also receive less in quantity and variety – consider teaming up with someone else
10. **I am a family of 1**: consider teaming up with someone
11. **What I can do when I cannot make it on a pick up day**: send someone else in your place, and have them write their name in on the registration sheet
12. **Parking**: there is timed parking along D Street and in the lot off of Court & D Street, Court & E Street, and in the parking structure with entrances on 2nd& D, 2nd& E and 2nd
13. **Bring Your Own Bags**: in an effort to conserve resources, please bring your own canvas and/or plastic bags
14. **What happens to uncollected produce**: all unclaimed produce will be donated to community agencies
15. **The volunteer and "food security" requirement**: for each medium share, participants volunteer 2 hours/season; for each full share, participants volunteer 4 hours/season; there are two shifts: set-up 10:30AM-12:30PM and clean-up 12:30-2:30PM; there is an opt out option: for each medium share, it is $6/season; for each full share, it is $12/season; funds collected will go to augment shares for families who have requested subsidies (based on federal poverty guides); if you do not complete your hours or opt out by the 2nd to last market day, your week's share will be donated
16. **Feeding the homeless/panhandlers**: as mentioned previously, the Healthy San Bernardino Coalition is working diligently to combat food insecurity; as such, the Market is not the correct forum to provide food for homeless individuals/panhandlers passing by
17. **How I can get more involved**: the Healthy San Bernardino Coalition is comprised of various agencies working to improve access to healthy foods and increased physical activity, and it meets the 3rd Thursday of every month @ 8:30AM in the conference room on the 6th floor
18. **Refunds**: refunds will be granted if the minimum amount of full shares (20) are not secured and paid for by the beginning of a season; for all other inquiries, they will be made on an individual basis at the determination by Old Grove Orange, and in some cases, the City
19. **Benefits of local produce**: no waxes or acids because they are not traveling far; less to no chemicals

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20. **Organic vs. natural**: please visit Old Grove's site for details: http://oldgrovefarmshare.com/why/organic-buzz/
21. **Origins of the Farmshare**: a) the environment in the IE is rich for farming, but corporate farming is making it difficult for farmers to compete b) the Asian Citrus Psyllid is a small insect carrying a bacteria that will be killing off all citrus trees within the next 10 years (CA is the last area to be affected); Old Grove Orange reached out to the Healthy San Bernardino Coalition to begin its first pilot season
22. **Future enhancementstothe Farmshare Market**: Farmshares will be the star, but the hope is to attract food trucks, food vendors (i.e. fresh baked bread and honey), resource booths, a walking club, recipe exchanges, cooking demonstrations and more to build community and a real marketplace for downtown employees and residents
23. **Old Grove Orange**: a consortium of approximately 30 'local farmers working to connect local eaters to local farmers;' for more information, please visit their website http://oldgrovefarmshare.com/
24. **Contact information**: email Cerezo_av@sbcity.org, visit www.facebook.com/downtownsbfarmsharemarket or call (909)384-5233

I, _____, have read and agree to the terms and conditions set forth for the Downtown San Bernardino Farmshare program.

Signed: _____ Date: _____

Last Modified: 8/19/2014

City of San Bernardino
VOLUNTEER RELEASE & WAIVER OF LIABILITY

Required by the City of San Bernardino for all volunteers.

Please read carefully! This is a legal document that affects your legal rights.

I want to participate in volunteer activities for the City of San Bernardino, henceforth referred to as City. As a City volunteer, I freely, voluntarily, and without duress execute this Release and Waiver under the following terms:

1. Assumption of Risk. I understand that my work for the City may include activities that are hazardous and/or physically strenuous and that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my services are performed while participating in City volunteer activities. Though the City will provide me with support, supervision, training, and supplies to accomplish assigned tasks, I agree to the following:

- □ I will follow all instructions provided by the City, its employees, or volunteer coordinators.
- □ I will only use equipment that I know how to operate and use safely.
- □ I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.
- □ I will take all reasonable precautions to avoid injury to myself and to others and damage to property.
- □ Finally, I agree to assume the risk of injury or harm and release the City, its officers, directors, employees, and other City volunteers from all liability for injury, illness, death, or property damage arising from my work as a volunteer.

2. Waiver and Release. I hereby release and forever discharge and agree to indemnify, protect, defend and hold the City, its elected officials, boards, commissions, officers, agents and employees free and harmless from any and all claims, liabilities, losses, liens, damages, costs and expenses resulting from injury or death of any person or persons' property damage or that may arise out of my work as a volunteer. I understand that this release discharges the above entities from any liability that may result from my work whether or not caused by the negligence of the City.

3. Medical Treatment. I release and discharge the City from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.

4. Insurance. The City does not have responsibility for providing any health, medical or disability insurance coverage for me.
IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE.

□ I understand that if I drive my personal vehicle for City business while volunteering, I must have a valid driver's license and proof of auto insurance.

5. Photographic Release. I grant to the City the right to use photographic images and video or audio recordings of me that are made by the City or others during my volunteer work for the City.

6. Duration of Release. My agreement to the terms in this Release & Waiver applies as long as I volunteer for the City.

7. Other. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of California and that this Release and Waiver is governed by and will be interpreted according to the laws of California. I understand that should any part of this Release and Waiver be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

PRINT Adult's Name	If consenting for a minor, print name(s) on lines above and below
Street Address	
City, State, Zip	Telephone / E-mail Address
Signature / Date	Emergency Contact / Telephone

Ciudad de San Bernardino
Liberación de Voluntario y Renuncia de Obligación

Requerido por La Ciudad de San Bernardino para todos los voluntarios

Por favor lea cuidadosamente! Se trata de un documento legal que afecta a sus derechos legales.

Yo quiero participar en actividades de voluntariado para la ciudad de San Bernardino, en adelante referido como, la ciudad. Como voluntario de la ciudad, soy libremente, voluntariamente y sin coacción ejecutar esta versión y anuncio bajo los siguientes términos:

1. Asunción de riesgos. Entiendo que mi trabajo de la ciudad puede incluir actividades que son peligrosas o físicamente extenuantes y que puedo estar expuesto a lesiones personales o daños a mi propiedad como resultado de mis actividades, las actividades de otras personas, o las condiciones bajo las cuales mis servicios se llevan a cabo mientras participaba en actividades de voluntariado de ciudad. Aunque la ciudad me proporcionará apoyo, supervisión, capacitación y suministros para realizar las tareas asignadas, estoy de acuerdo con la
siguiente:

- Seguiré todas las instrucciones proporcionadas por la ciudad, sus empleados o coordinadores voluntarios
- Utilizare solamente equipo que yo puedo operar y utilizar de forma segura.
- No participare en actividades en las cuales no me siento suficientemente preparados o capaz o hasta que reciba instrucciones.
- Tomare todas las precauciones razonables para evitar daño a mí mismo y a otras personas y daños a la propiedad.
- Finalmente, estoy de acuerdo en asumir el riesgo de lesiones o daños a mi persona y liberar a la ciudad, sus funcionarios, directores, empleados y otros voluntarios de la ciudad de toda responsabilidad de lesión, enfermedad, muerte o propiedad daños derivados de mi trabajo como voluntario.

2 Renuncia y liberación. Quedo liberar y siempre cumplir y aceptar indemnizar, proteger, defender a la ciudad, y su funcionarios electos, consejos, comisiones, oficiales, agentes y empleados libres e inofensivos de cualquier reclamo, responsabilidades, las pérdidas, privilegios, daños, costos y gastos resultantes de lesiones o la muerte de cualquier persona o daños a la propiedad de las personas o pueden surgir de mi trabajo como voluntario. Entiendo que esta versión de los vertidos de las mencionadas entidades de cualquier responsabilidad que puede resultar de mi trabajo o no por la negligencia de la ciudad.

3. Tratamiento Médico. Libero y descargo a la ciudad de cualquier reclamación que surja o puede surgir debido a los primeros auxilios médicos o tratamiento o servicios prestados a mí.

4. El Seguro. La ciudad no tiene la responsabilidad de proporcionar cualquier cobertura de seguro de salud, el médico o la discapacidad para mí.
ES MI RESPONSABILIDAD COMO VOLUNTARIO EL TENER SEGURO MÉDICO O DE SALUD.

- Entiendo que si yo conduzco mi vehículo personal para los negocios de la ciudad mientras sea voluntariado, debo tener una licencia de conducir válida y prueba de seguro de auto.

5. Liberación fotográfica. Otorgo a la Ciudad el derecho de utilizar imágenes fotográficas y video o las grabaciones en audio de mí que sean hechas por la Ciudad o por otros durante mi trabajo de voluntarios para la Ciudad.
6. La duración de la Liberación. Mi acuerdo a los términos en esta Liberación & Renuncia aplica siempre que me ofrezca para la Ciudad.
7. Otro. Concuerdo que esta Liberación y la Renuncia son pensadas estar como ancho e inclusivo como permitido por las leyes de California y que esta Liberación y la Renuncia son gobernadas por y serán interpretado según las leyes de California. Comprendo que si debe cualquier parte de esta Liberación y la Renuncia es gobernada a inválido por un tribunal, las otras partes se quedarán válidas y continuarán ser vigente.
Certifico que tengo por lo menos dieciocho (18) años de la edad o he tenido este documento firmado por mi padre o mi guardián legal.

Nombre de Adulto (Letra de molde)	Si firma para un menor de edad escriba su nombre
Domicilio	Ciudad, Estado y Código postal
Numero de Teléfono	Contacto de Emergencia Numero de teléfono
Firma Fecha	