



Work Assignment

VOLUNTEER SERVICE APPLICATION

NAME _____ PREFERRED NAME FOR NAMETAG _____

MAILING ADDRESS _____ STREET OR P.O. BOX _____ CITY/ZIP CODE _____

HOME PHONE _____ WORK PHONE _____ FAX _____

BIRTHDAY _____ E-MAIL ADDRESS _____

AREAS OF INTEREST (CHECK ALL THAT APPLY)					
Administrative/Office	<input type="checkbox"/>	Education	<input type="checkbox"/>	Information Desk	<input type="checkbox"/>
Garden Guide	<input type="checkbox"/>	Gift Shop	<input type="checkbox"/>	Greenhouse	<input type="checkbox"/>
Grounds (gardens/trails)	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Research/Plant Conservation	<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Special Projects	<input type="checkbox"/>

IF YOU ARE EMPLOYED OR RETIRED, PLEASE DESCRIBE YOUR OCCUPATION BELOW

HOURS OF AVAILABILITY

Mon	___ to ___	Tue	___ to ___	Wed	___ to ___	Thur	___ to ___
Fri	___ to ___	Sat	___ to ___	Sun	___ to ___		

LENGTH OF TIME COMMITMENT (I.E., 1 YEAR) _____

BRIEFLY STATE REASONS FOR YOUR INTEREST IN VOLUNTEERING AT THE GARDEN.

REFERENCE NAME _____ RELATIONSHIP TO YOU _____ PHONE _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP TO YOU _____ PHONE _____

PHYSICIAN _____ PHONE _____

IN CASE OF BODILY INJURY, I AGREE TO RECEIVE APPROPRIATE FIRST AID ADMINISTERED BY STAFF OR PROFESSIONAL MEDICAL PERSONS.

SIGNATURE _____ DATE _____