



**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