VOLUNTEER APPLICATION

CONTACT

Name: 
Email: 
Address: 
City/State/Zip: 
Phone Number(s) (where you can be reached during daytime hours):

EXPERIENCE

Highest Level of Education Completed:

Special Certifications/Training:

Current/Most Recent 
Employer: ____________________________________________________________

Your Title/Position____________________________________________________

Years of Service______

Current/Most Recent Volunteer Position: 
(Organization) _________________________________________________________

Your Duties: __________________________________________________________

Years of Service______

AREAS OF VOLUNTEER INTERESTS (PLEASE CIRCLE)

- Greeting Guests & Public Tours
- Programs & Events
- Gardening & Facility Support
- Administrative & Office Support
**SCHEDULING/AVAILABILITY**

- Weekly – What day?
- Monthly – What day?
- Twice Monthly – What days?
- Special Projects
- On Call Only (We will call you monthly or when we have needs)

Availability:

- Morning (10 am to 1:30 pm)
- Afternoon (1:30 pm to 5 pm)
- Evening (5 pm to 12 am)

**REFERENCE** (Not Related to You)

Name:

Phone Number:

How Do You Know This Individual: