



A Natural Beauty.

Adult Volunteer Application (ages 18 and up)

Name \_\_\_\_\_ Title (circle one): Mr. Mrs. Miss Ms. Dr. other

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is this your \_\_\_\_\_ home or \_\_\_\_\_ business address? (Please check one.)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Would you like to receive information about classes and special events held at the Garden via email? Y or N

Best time to reach you \_\_\_\_\_ May we call you at home \_\_\_ work \_\_\_ either \_\_\_

Date of Birth (Month/Day) \_\_\_\_\_

Education (Circle the highest level completed)

Grade: 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post-graduate: 1 2 3 4

List Areas of study or degrees obtained: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone numbers: \_\_\_\_\_

Do you have any health limitations that could affect your volunteer assignment? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

My employer offers a: Time-Off Program for Volunteers \_\_\_ Donation Matching Program \_\_\_

Tell us about your interests. Training provided for all areas. If you're not sure, we can discuss these possibilities.

- Marketing Assistant, Library Assistant, Children's Garden Docent, Retail Assistant (Gift Shop), Floral Designer/Arranger, Gardener (Monday-Friday), Clerical Assistant, \* Camp Counselor, Saturday Group Gardening Projects, Special Events, \*Background check & TB test required, Garden Docent (answers general questions about plants and horticulture in the Garden), Front Desk Support

Describe any volunteer work you have done

\_\_\_\_\_  
\_\_\_\_\_

Is this application in response to required community service? (Circle one) Yes or No

If yes, how many hours are you required to complete? \_\_\_\_\_

Deadline for completing these hours? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Are you a member at the Garden? \_\_\_\_\_

**Please check the days and times you are usually available for a volunteer assignment:**

Varies \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon

Special Skills, Interest, Hobbies

Computers

Library Science

Gardening

Research/Writing

Teaching

Sales/Marketing

Photography

Other \_\_\_\_\_

Typing

Meeting the public

Other \_\_\_\_\_

Other \_\_\_\_\_

**Applicant Certification**

I certify that the above information is complete and true to the best of my knowledge and has been given voluntarily. I understand the discovery of any misrepresentation or omission of the facts in this may be cause for my immediate dismissal.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return volunteer application to Debra Burrell, Volunteer Services Manager, Norfolk Botanical Garden, 6700 Azalea Garden Road, Norfolk, VA 23518. Fax: 757-441-5828. For more information, call 757-441-5830 ext. 327. E-mail: [volunteer@nbgs.org](mailto:volunteer@nbgs.org). Applications available online at [www.norfolkbotanicalgarden.org](http://www.norfolkbotanicalgarden.org).