



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 \_\_\_\_\_

Email 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.

**Getting Dirty in the Garden:**

\_\_\_ Gardening Assistant (available weekdays)

\_\_\_ Saturday Group Gardening

**Meeting the Public:**

\_\_\_ Garden Ambassador

\_\_\_ Butterfly House Guide

\_\_\_ Summer Exhibit Guide

\_\_\_ Library Assistant

\_\_\_ Special Events

\_\_\_ Retail Assistant (Gift Shop)

**Working with Children and Families:**

\_\_\_ Children's Garden Guide \*

*\*Background check required*

\_\_\_ \* Camp Counselor

*\*Background check & TB test required*

**Other Opportunities:**

\_\_\_ Clerical Assistant

\_\_\_ Facilities/Custodial Volunteer

\_\_\_ Floral Designer/Arranger

Describe any volunteer work you have done

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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 you are usually available for a volunteer assignment. Not all volunteer opportunities are available every day.**

Varies \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

Special Skills, Interest, Hobbies

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Computers          | <input type="checkbox"/> Library Science | <input type="checkbox"/> Gardening       |
| <input type="checkbox"/> Research/Writing   | <input type="checkbox"/> Teaching        | <input type="checkbox"/> Sales/Marketing |
| <input type="checkbox"/> Photography        | <input type="checkbox"/> Other _____     | <input type="checkbox"/> Typing          |
| <input type="checkbox"/> Meeting the public | <input type="checkbox"/> Other _____     | <input type="checkbox"/> 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).