



A Natural Beauty.

**Junior Volunteer Application (ages 17 and under)**

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

Home Address \_\_\_\_\_

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

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/Year)** \_\_\_\_\_

**Education** (Circle the highest level completed) Grade: 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Where do you go to school? \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

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

Emergency Contact Name (if different): \_\_\_\_\_

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

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

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

**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 (Guide)

\_\_\_ Retail Assistant (Gift Shop) \*\*      \_\_\_ Floral Designer/Arranger      \_\_\_ Gardener (Monday-Friday)\*\*

\_\_\_ Clerical Assistant      \_\_\_ \* Camp Counselor      \_\_\_ Saturday Group Gardening Projects

\_\_\_ Special Events      \_\_\_ Front Desk Support      \_\_\_ Garden Docent (answers **general** questions about plants and horticulture in the Garden)

\*\* Must be 16 years old or older.

Updated 2/25/09

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 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Permission:** My son/daughter/ward has my permission to participate as a volunteer at Norfolk Botanical Garden.

Parent's/Guardian's Signature: \_\_\_\_\_ 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@nbg.org](mailto:volunteer@nbg.org). Applications available online at [www.norfolkbotanicalgarden.org](http://www.norfolkbotanicalgarden.org).