



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 _____

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/Year) _____

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

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.

Getting Dirty in the Garden:

___ Gardening Assistant (available weekdays) **

___ Saturday Group Gardening

Other Opportunities:

___ Clerical Assistant

___ Facilities/Custodial Volunteer

___ Floral Designer/Arranger

Meeting the Public:

___ Garden Ambassador **

___ Butterfly House Guide **

___ Library Assistant **

___ Special Events

___ Storybook Forest Guide **

** Must be 16 years old or older.

Working with Children and Families:

___ Children's Garden Guide *

**Background check required*

___ Camp Counselor

**Background check & TB test required*

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

Varies _____ Weekdays _____ Weekends _____

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@nbgs.org. Applications available online at www.norfolkbotanicalgarden.org.