



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

\_\_\_ Summer Exhibit Guid \*\*

\*\* 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

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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

\_\_\_ 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](mailto:volunteer@nbgs.org). Applications available online at [www.norfolkbotanicalgarden.org](http://www.norfolkbotanicalgarden.org).