



ADKINS ARBORETUM

TRAIN THE TRAINER

CHESAPEAKE GATEWAYS VOLUNTEER INTERPRETER TRAINING

PERSONAL INFORMATION (Please Print)

Name: Mr. Mrs. Ms. _____

Mailing Address: _____

City

State

Zip Code

Phone: Day (_____) _____ Evening (_____) _____

Email address: _____

Health or activity restrictions: _____

EDUCATION

Background: _____

Special Training: _____

IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Identify any physical or medical condition (including allergies, medications, etc.) to enable the Arboretum staff to assist you in an emergency situation.

(over)

Please take the time to fill out this section to help plan the training program.

List your current, your position title, main responsibilities and describe your experience with interpretation and with program design.

List two reasons why this training will help you with your work.

Additional information and/or comments?



**Please send this application to:
Erica Weick, Coordinator of Volunteer Programs
Adkins Arboretum
12610 Eveland Road, P.O. Box 100
Ridgely, MD 21660**

