



Adkins Arboretum Volunteer Form

Thank you for your interest in the Adkins Arboretum Volunteer Program. We rely heavily on our dedicated pool of volunteers to carry out our mission of protecting the health of the Chesapeake Bay through the preservation and restoration of native landscapes. Your responses below will help us to match your talents and interests to our volunteer opportunities. Please return this form to Robyn Affron by email at raffron@adkinsarboretum.org or by mail to 12610 Eveland Road, Ridgely, MD 21660.

PERSONAL INFORMATION (Please print)		First Name:	Last Name:	Middle Initial:
Email:	Phone:	Address:		
Emergency Contact Name:		Emergency Contact Phone:		

Please check all areas that interest you:

Youth Programs	Event Support	Environmental Stewardship (Feb-Nov)	Visitor Services	Outreach
<input type="checkbox"/> Summer Camps <input type="checkbox"/> School Group Visits	<input type="checkbox"/> Fairyfest (Fall) <input type="checkbox"/> Arbor Day Run (Spring) <input type="checkbox"/> Forest Fair (Spring) <input type="checkbox"/> Native Plant Sale (Spring/Fall) <input type="checkbox"/> Garden Tours (Spring/Fall) <input type="checkbox"/> Soup & Walk (Spring/Fall) <input type="checkbox"/> Wreath Decorating (Nov) <input type="checkbox"/> Art Reception/Installation <input type="checkbox"/> Luminary Lights (Feb)	<input type="checkbox"/> Wetland Wranglers <input type="checkbox"/> Funshine Garden <input type="checkbox"/> Land Stewards <input type="checkbox"/> Trailkeepers	<input type="checkbox"/> Front Desk	<input type="checkbox"/> Oxford Days <input type="checkbox"/> Chestertown Tea Party <input type="checkbox"/> Denton Summerfest <input type="checkbox"/> Waterfowl Festival <input type="checkbox"/> Corsica Days <input type="checkbox"/> Tats for Tails <input type="checkbox"/> Multicultural Festival <input type="checkbox"/> CBF Summer Concerts

A. Please list your hobbies, skills or special knowledge you think would help in your volunteering (e.g. Master Naturalist, Master Gardener.) _____

B. Please indicate the days and times you are available to volunteer:

Day of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

C. Please list two references (who are not relatives) we may call on:

Name: _____ Relationship: _____ Phone: _____

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