

VOLUNTEER INFORMATION

PERSONAL INFORMATION (Please Print) Name: Mr. Mrs. Ms.____ Mailing Address: Zip Code Phone: Day (_____) ____ Evening (_____) Email address: Health or activity restrictions: **EDUCATION** Special Training: **AVAILABILITY** Days available: Mon _____ Tues _____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun ____ Times preferred: Mornings _____ Afternoons _____ Evenings ____

Total hours you would like to volunteer: per week _____ or per month _____

IN CASE OF EMERGENCY

Name:	Relationship:			
Day Phone Evening Phone				
Name:	Relationship: Evening Phone			
Identify any physical or medical condition (Arboretum staff to assist you in an emergen	including allergies, medications, etc.) to enable the cy situation.			
Take the time to fill out this section, it we enjoy.	vill help us plan a volunteer activity that you will			
Check the specific projects you are interest	ested in.			
☐ Art programs ☐ Building maintenance ☐ Carpentry ☐ Displays ☐ Educational Walks ☐ Events booth/tables ☐ Fund raising ☐ General office tasks/mailing ☐ Horticulture ☐ Library development	 □ Membership development □ Newsletter □ Photography □ Plant Sales □ Publicity □ Teaching □ Trail guide □ Trail maintenance □ Visitor Center reception □ Other 			
Special skills, interests or hobbies?				
Additional information and/or comment	s?			



VOLUNTEER REFERENCES

Please list two people not related to you, who know you well and can attest to your character and skills. Include complete addresses:

Name:	Phone#				
Address:					
Street address	City	State	Zip Code		
Name:		Phone#			
Address:					
Street address	City	State	Zip Code		
I authorize Adkins Arbore provided in this application		eferences listed al	pove and to verify the in	formation	
Please sign and return this Arboretum!	form to the Arboretum	n. Thank you for	your interest in volunteeri	ing at Adkin	
Signature		Date			