Friendship Botanic Gardens Volunteer Form

Date _____

Name _____
Last First MI

Address _____

City, State _____ Zip Code _____

Phone _____ Cell phone _____

E-mail _____

ALLERGIES _____

IN EMERGENCY PLEASE CONTACT _____

Relationship _____ Phone _____

Please check the areas you are most interested in volunteering at this time.

☐ Outdoor work	☐ Indoor work	☐ Marketing
☐ Working with the public	☐ Working with children	☐ Membership
☐ Education Programs	☐ Special Events	☐ Clerical
☐ Theme Gardens	☐ Nursery	☐ Data Entry
☐ Consulting	☐ Plant propagation	☐ Teaching

AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ Before hours	☐ Before hours	☐ Before hours	☐ Before hours	☐ Before hours	☐ Before hours	☐ Before hours
☐ 10-12	☐ 10-12	☐ 10-12	☐ 10-12	☐ 10-12	☐ 10-12	☐ 10-12
☐ 12-2	☐ 12-2	☐ 12-2	☐ 12-2	☐ 12-2	☐ 12-2	☐ 12-2
☐ 2-4	☐ 2-4	☐ 2-4	☐ 2-4	☐ 2-4	☐ 2-4	☐ 2-4

Please list any areas of expertise that you would like to share.

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