



“Where there's Always Something Growing On”

Youth Volunteer Application

Date

Your Contact Information:

Name _____ Email _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ This number is Home Cell Work

Tell us about yourself:

School: _____ Grade: _____ Are you home schooled? Yes No
 Are you 18 years old or older? Yes No Birthday: ____/____/____ (month, day, year)
 Parents' Names: _____
 Does your family have a Garden Membership? Yes No
 Has either parent volunteered with HBG before? Yes Position: _____ No

How were you referred: Garden Member Web School group _____ Other

Please check the days/times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

How many hours a week are you planning to volunteer? _____

Why are you interested in volunteering at Huntsville Botanical Garden (check all that apply)?

- Learning about plants
- Like working with kids
- Like being outside
- Like plants
- Community Service
- Meeting new people
- School requirement

If this is a school requirement, how many hours are required? _____

Thank you for your interest in volunteering with the Huntsville Botanical Garden. Below are some of the volunteer opportunities available at the HBG. Please check those that you are interested in.

Ongoing Outside Volunteer Opportunities

- Greenhouse/Horticulture

Seasonal Volunteer Opportunities

- School Group Assistant
- Butterfly House Assistant
- Garden Gang (June-July)

Special Events with Children

OVER >



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- Birthday Parties
- Education Assistant
- Wacky Wednesdays (June-August)

Seasonal Special Events:

- Race for Top Dog 5K (Feb)
- Bunny Bonanza (Easter)
- Spring Plant Sale (Apr)
- Butterfly House Opening (May)
- Raptor Shows (Mar)
- Botanica (Oct)
- Galaxy of Lights (Nov-Dec)

Emergency Contact Information

In case of emergency please contact: Name_____

Relationship: Mother Father Home Phone_____ Cell phone: _____

Volunteer Agreement, Waiver and Liability Release

I certify that the information given in this volunteer application is true and correct and has been given voluntarily. I understand that this information may be disclosed to any party with legal interest, and I release Huntsville Botanical Gardens from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer, and I will adhere to volunteer program guidelines stated in the volunteer handbook.

Huntsville Botanical Gardens is not responsible for an injury or accident that may occur during my participation as a volunteer in any activity or event. I understand by checking the “I agree” box below that I assume full responsibility for any injury or accident that may occur during my participation as a volunteer and I hereby release and hold harmless and covenant not to file suit against Huntsville Botanical Gardens, employees and any affiliated individuals (“releases”) associated with my participation from any loss, liability or claims I may have arising out of my participation, including personal injury or damage suffered by me or others, whether caused by falls, contact with participants, conditions of the facility, negligence of the releases or otherwise. If I do not agree to these terms, I understand that I am not allowed to participate in the volunteer program.

I have read, understand, and agree

Youth’s signature

Date

Parent’s signature

Date

I am _____’s legal guardian and (please check one) Mother Father

PLEASE RETURN THIS FORM TO:
VOLUNTEER COORDINATOR
HUNTSVILLE BOTANICAL GARDEN
4747 BOB WALLACE AVENUE, HUNTSVILLE, AL 35805
volunteer@hsvbg.org
(256) 830-4447 EXT. 238 FAX: (256) 830-5314