



“Where there's Always Something Growing On”

VOLUNTEER APPLICATION

Date _____

Contact Information:

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ This number is Home Cell Work

Tell us about yourself:

Are you 18 years old or older? Yes No Birthday: ____/____/____ (month, day, year)

Are you a Garden Member? Yes No Are you able to walk 1 and ½ miles? Yes No

Have you volunteered with HBG before? Yes No Position: _____ No

Do you prefer working: Inside Outside Do you prefer working with: Children Adults

How were you referred: Garden Member Web Senior Center Master Gardener

School Group _____ Other _____

Please check the days that you are available to volunteer in either the morning or afternoon:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday PM
AM							
PM							

Are you interested in: Consistent schedule or floating schedule **(please check one)**

What skills would you like to share with The Garden?

- Teaching Data Entry Special Events Photography Customer Service
- Crafts for kids Administrative Other: _____
- Horticulture, especially _____ (please be specific)
- Education Entertainment Being outside Like plants Meeting new people
- I need Community Service for: School _____ Other _____

How many hours are required? _____

How many have you completed? _____

Date needed for completion is _____

Our website www.hsvbg.org/volunteer has lots of information on volunteer opportunities ongoing and seasonal. Check it out TODAY! If you have any questions about the type of work listed on the back of this application, please contact Volunteer Coordinator at volunteer@hsvbg.org or 256-830-4447 ext. 238.

OVER>



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Ongoing Outside Volunteer Opportunities

- Greenhouse Weeding/grounds maintenance Garden Grubbers--Mathews Nature Trail
 _____ Fern Glade

Ongoing Inside Volunteer Opportunities

- Gift Shop (training required) Administrative Support/Data Entry (Advancement, Education, Facility Rental) Admissions/Information Greeter

Seasonal Volunteer Opportunities

- Adult Docent (training provided) Children's Docent School Group Tour Guide
 Butterfly House Assistant (May-Aug)

Special Events with Children

- Education Assistant Wacky Wednesdays (June-August) Spring/Fall Break

Special Events with Adults

- Membership/Vol. Orientation Education Assistant Shuttle Driver (training provided)

Seasonal Special Events:

- Raptors Show (Mar) Bunny Bonanza (Apr) Spring Plant Sale (Apr)
 Butterfly House Opening (May) Fall Plant Sale (Oct) Botanica (Oct)
 Scarecrow Trail (Hayride Drivers Sept-Oct-training provided) Galaxy of Lights (Nov-Dec)

Emergency Contact Information

In case of emergency please contact: Name _____
 Relationship _____ 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 Garden 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 Garden, 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 AGREE _____(signature) Date: _____

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