



VOLUNTEER APPLICATION

DATE: _____

| | | | | | |
|---|-------|-----|---|--|--|
| Name | | | Email | | |
| Address | | | Phone _____ Circle one: Cell Home Work | | |
| City | State | Zip | Birthday (mm/dd/yy) ____/____/____ | | |
| Garden Member? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | <input type="checkbox"/> Under the Age of 16? | | |

Availability: Please indicate when you are available to volunteer. Morning hours are 9 am until 12 pm and afternoon hours are 12 pm to 5 pm. Sunday hours are 11 am to 5 pm.

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY PM |
|-----------|--------|---------|-----------|----------|--------|----------|-----------|
| AM (9-12) | | | | | | | |
| PM (12-5) | | | | | | | |

Volunteer Opportunities by Department. Please check all jobs/events you are interested in doing. Positions with an * require training. Visit www.hsvbg.org for more information about seasonal events and hours.

| | | | |
|--------------------|------------------|------------|--|
| Advancement | Admin Support | Data Entry | |
| | Membership Kiosk | | |

| | | | |
|---------------------------------|--------|------------|--|
| Communications/Marketing | Intern | Web Design | |
|---------------------------------|--------|------------|--|

| | | | |
|------------------|---------------------------------------|-----------------|------------------|
| Education | *Docent (Children or Adult Education) | *Shuttle Driver | *Butterfly House |
| | School Field Trips | | |

| | | | |
|--|--------------------------|----------------------------|----------------------------|
| Events (does not include all seasonal events) | Bunny Bonanza (Apr) | Bootanica (Oct) | Breakfast with Santa (Dec) |
| | Chinese Lantern Festival | Galaxy of Lights (Nov-Dec) | Plant Sales (Apr/Oct) |
| | Races 3K/5K (Nov) | Raptor Show (Mar) | Shamrock Shindig (Mar) |

| | | | |
|-----------------------|-------------------------|------------|----------|
| Guest Services | *Admissions/Information | *Gift Shop | *Greeter |
|-----------------------|-------------------------|------------|----------|

| | | | |
|---------------------|-----------------|--------------------------------|-------------|
| Horticulture | Azalea Trail | Demonstration Vegetable Garden | Fern Glade |
| | Garden Grubbers | Gardening Assistant | Greenhouses |
| | Herb Garden | Pansy Planting | |

If you need hours for community service please indicate how many hours are required _____ a _____ and date to be completed _____.

Individual or Organization to whom hours must be reported:

Name _____ Address _____

Email _____ Phone _____

Other Information: _____

Check if you require any special assistance or accommodations.

Explain: _____

Does your employer offer matching gifts for volunteer hours?

MUST be completed by volunteer:

Emergency Contact Information:

Name _____ Phone _____

*****Name of Adult for Volunteer Under 16:**

Name: _____ Phone: _____

VOLUNTEER AGREEMENT, WAIVER AND LIABILITY RELEASE:

I certify that the information given in this 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 Garden 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 any training received under the direction of staff.

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 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 or grounds, 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 garden volunteer program.

I AGREE _____ (Signature) Date: _____

Please return this form to:
Volunteer Coordinator
Huntsville Botanical Garden
4747 Bob Wallace Ave, Huntsville AL 35805
256-830-4447 ext. 238
cadams@hsvbg.org fax: 256-830-5314
REV: MAR 6/19