



Volunteer Application (Age 18+)

Today's Date (Month, Date, Year): * _____

Name: * _____
First Last

Address: * _____
Street City State Zip Code

Home Phone: * _____
Area Code Phone Number

Mobile Phone: * _____
Area Code Phone Number

E-mail: * _____

Your birthday (Month, Date, Year): * _____

Gender _____

Education/School/Major _____

2nd Language Proficiencies _____

In a few words, please describe why you are interested in volunteering at the Cheyenne Botanic Gardens?

Which area would you enjoy working the most? (number 1-12, number 1 being most enjoyable):

Indoor conservatory work:

Outdoor gardening:

Children and education:

Special events:

Front desk greeter:

Periscope Docent (tour guide):

Gift Shop:

Administrative support:

Web management/design:

Conservatory tour docent:

Maintenance:

Green house Production/Seed Propagation:

Research:

What part of the day would you prefer to work (Circle one)? Mornings Afternoons Either

Which days of the week would you prefer to volunteer? (Check a maximum of two days).

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Any

Would you agree to a background check if it were necessary to volunteer? * Yes No

Do you have your own transportation? Yes No

Do you have computer experience? Yes No *If "yes," please list programs you are proficient in:*

Please list any previous volunteer experience (where, when, and what):

How did you find out about and/or become interested in volunteering at the Cheyenne Botanic Gardens?

Please list the best person to contact in case of an emergency (Please include phone number, address, and relationship)

Please list one references (feel free to list professors, employers, neighbors, friends etc.):

Name Reference: * _____

E-mail of Reference: _____

Phone of reference: _____

Briefly list any gardening experiences you may have: _____

What does sustainability mean to you? _____

Please list any pre-existing conditions (i.e. diabetes, epilepsy, heart problems, etc.) so that we may better be able to assign appropriate volunteer duties.

Some medications increase reactivity to the sun and plants. They may also affect balance. Please list any medications which we should be aware of, so that we can assign appropriate volunteer activities that don't add risks to your health: _____

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 Cheyenne Botanic Gardens from any liability whatsoever for supplying such information. Volunteer placement is a selective process and not all applicants are accepted into the program. Cheyenne Botanic Garden reserves the right to place volunteers in an area best suited to the applicant's skills and the needs of the organization. No volunteer position is guaranteed and positions may be terminated at the Gardens' sole discretion.

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.

Signature _____ Date _____