Volunteer #:

Interviewed ___/___/___
Entered ___/___/___

Desert Botanical Garden
TEEN Volunteer Application Form
(You must complete *all* sections.)

Name:_____
(Last) (First) (Middle Initial)

Nickname: _____ ☐ Male ☐ Female Garden member? ☐Yes ☐No

Date of Birth: _____ **Age:** _____ **School year you graduate from High School:** _____

Street Address:_____ **City:** _____**State:**_____ **Zip:**_____

Phone (home): _____ **Cell Phone:** _____**Email:** _____

Parents Name(s): _____**Cell Phone(s):** _____

Parents email (required):_____

Best way to contact you? _____

Availability: please indicate when you are available to volunteer:
☐Saturday ☐Sunday ☐Summer ☐Mornings ☐Afternoons ☐Evening

How did you hear about our TEEN Volunteer Program? _____

How often would you like to volunteer? ☐ Once a month ☐ Twice a month ☐ Three or more per month

Emergency Contact Details: Please give the name of the person(s) we should contact in an emergency. If you are under 18 this should be your parent or legal guardian.

Name:_____Relationship to you:_____ Telephone:_____
☐Home ☐Work ☐Cell

Name:_____Relationship to you:_____ Telephone:_____
☐Home ☐Work ☐Cell

Important Medical Information or Concerns:_____

School Attending: _____District:_____

As a student, do you need to complete community service hours? ☐Yes ☐No If yes, how many hours per month? ____

What organizations are the service hours for?_____

Clubs or Organizations at School: _____

Extracurricular Activities: _____

Hobbies: _____

Volunteer Programs:
Please check any that apply to your interests or skills:

☐ I am bilingual. Language(s):_____ ☐ I like working with plants
☐ I like working with people ☐ I can walk distances of 2-3 miles ☐ I like working with youth
☐ I like working behind the scenes ☐ Special events/Exhibits (Plant Sale, Pumpkin Festival, Luminaria, etc.)

Signature: _____ **Date:**_____
If you are under 18 years of age, you must have a legal guardian sign below.

Guardian Name: _____ **Signature:** _____ **Date:**_____

In accordance with the Americans with Disabilities Act, we will not discriminate on the basis of handicap/disability and will attempt to make reasonable accommodations in all volunteer programs. Please return this form to Jeni Fuhrmann TEEN Coordinator, Desert Botanical Garden, 1201 N. Galvin Parkway, Phoenix AZ 85008. Questions? Call 480 481.2064, Fax 480 481.8189 or email *TeenVol@dbg.org* Thank you!

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