

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

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

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

Street : _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____
Home Work

Birthday (Mm/Dd) ___/___/___ 18 years or older: Yes No

Summer Address: _____

How did you hear about our Volunteer Program? _____

Desert Botanical Garden Member Yes No Member Number: _____

Emergency Contact Details: Please give the name of the person we should contact in an emergency:

Name: _____ Relationship to you: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employment:

Are you currently: Employed Unemployed Full-time student Retired Other:
Employer /School/ (former employer if retired): _____

Does your company (or former company) support the following: Donation Matching

Do you need to complete community service hours? Yes No
If yes, hours required: _____ Company/Agency: _____

Skills and Experience:

Please check any that apply:

- | | |
|--|---|
| <input type="checkbox"/> I'm an AZ Master Gardener | <input type="checkbox"/> I completed Desert Landscaper School |
| <input type="checkbox"/> I can walk distances of 2-3 miles | <input type="checkbox"/> I am bilingual - Language(s): |

Interests:

- | | |
|--|--|
| <input type="checkbox"/> Working with adults | <input type="checkbox"/> Working in sales and marketing |
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Working with special events/exhibits |
| <input type="checkbox"/> Working with plants | <input type="checkbox"/> Working with computer data entry/clerical tasks |

Availability: Please indicate when you are available to volunteer:

- Weekdays Weekends Mornings Afternoons Evenings Summer

Winter residents, please list months available: _____

Background:

Have you ever been convicted of a felony or a felony that was reduced to a misdemeanor for sentencing purposes, including DUI?
Yes No (A conviction will not necessarily prevent you from volunteering, and factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.)

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 Nancy White, Assistant Director of Education, Desert Botanical Garden, 1201 N. Galvin Parkway, Phoenix AZ 85008. Questions? Call 480-481-8197 or email nwhite@dbg.org. Thanks!