

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

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

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

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

Phone: _____ Email: _____ Fax: _____
Home Work Cell

Availability: please indicate when you are available to volunteer:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday Summer
Mornings Afternoons Evenings

Winter residents, please list months available: _____

Summer Address: _____

How did you hear about our Volunteer Program? _____

Date of Birth ___/___/___ Place of Birth _____ Garden member? Yes No

Emergency Contact Details: Please give the name of the person 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

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: Time of Program Donation Matching

If a student, do you need to complete community service hours? Yes No If yes, hrs required: _____

Volunteer Programs:

Please check any that apply to your interests or skills:

- I am a teacher I'm an AZ Master Gardener I completed Desert Landscaper School
 I am bilingual (Language(s): _____)
 I like working with people I like working with plants I like working with kids
 I like working behind the scenes
 I can walk distances of 2-3 miles I have database development experience
 Sales & Marketing Special events/Exhibits
 Data entry/clerical Other _____

Miscellaneous:

Have you ever been convicted of a felony or a felony that was reduced to a misdemeanor for sentencing purposes, including DUI?
(excluding minor traffic violations)

Yes No (A convicted record will not necessarily be a bar to volunteering and factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be taken into account.)

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