



BIRMINGHAM BOTANICAL GARDENS

Adult Volunteer Application

Date _____

Please select the program for which you are applying:

Education.

- Class Assistant Education Docent Garden Docent Horticultural Therapy

Gardens & Greenhouse

- Greenhouse Assistant Gardening through the Seasons w/Amanda Garden Workdays w/John

Special Events.

- Annual Dinner Spencer Lecture Spring Plant Sale Earth Day at The Gardens
- Cocktails in The Gardens Antiques at The Gardens Fall Plant Sale

Administrative.

- Library Assistant Office Assistant

PERSONAL INFORMATION

Name _____ Birthdate _____ Name for Badge _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Alternative Phone _____ Email _____

Are you a member of Friends of Birmingham Botanical Gardens? Yes No

How did you learn about this volunteer program? _____

Please list what days and times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Education _____ Employer/Occupation _____

Does your employer have a matching gift program? Yes No

Please list any pertinent skills (computer, horticultural, etc.) _____

Please describe your work and volunteer experiences that you feel would be helpful in volunteering at The Gardens. (Use the back of this form if needed.) _____

Please state why you have chosen to apply for a volunteer position at The Gardens. (Use the back of this form if needed.) _____

Do you have any special needs? _____

EMERGENCY CONTACT INFORMATION

Health Insurance Company _____

In case of emergency, please contact:

Name _____ Relationship _____

Phone # _____ Alternate Phone # _____

PLEASE RETURN THIS FORM TO:

MARY-BESTOR GRANT, VOLUNTEER COORDINATOR AT MGRANT@BBGARDENS.ORG
2612 LANE PARK ROAD BIRMINGHAM, ALABAMA 35223 PHONE: 205.414.3962 FAX: 205.414.3966 WWW.BBGARDENS.ORG