



BIRMINGHAM BOTANICAL GARDENS

### Adult Volunteer Application

Date \_\_\_\_\_

Please select the program for which you are applying:

- Ongoing Active Volunteer Program.** Please specify which volunteer opportunity interests you.
  - Garden Docent     Education Docent (K-6)     Greenhouse & Garden     Office Assistant
  - Library     Horticultural Therapy     Other \_\_\_\_\_

- Special Event Volunteer.** Please specify which volunteer opportunity interests you.
  - Annual Dinner                       Spencer Lecture                       Spring Plant Sale
  - Earth Day at The Gardens             Glorious Gardens                       Cocktails in The Gardens
  - Antiques at The Gardens             HollyDay Magic                       Education Classes

**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 # \_\_\_\_\_