

Friends of 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/Weekdays () Education Docent, K-Gr6/Weekdays
 () Greenhouse & Garden/Weekdays () Office Assistant/Weekdays
 () Library/All Week () Family Discovery Cart/Sunday PM
 () Horticultural Therapy/Weekdays () _____
- () **Special Event Volunteer.** Please specify which volunteer opportunity interests you:
 () Plant Sales () Gardening Events () Family Events () Social Events () _____

Name: _____ Name for Badge: _____

Address: _____

City/State: _____ Zip Code: _____ Email Address: _____

Phone: _____ Alternate Phone: _____ Birthdate: _____

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

Education: _____ Employer/Occupation: _____

Does your employer have a matching gift program? ___ Yes ___ No

Please describe your work and volunteer experiences that you feel would be helpful in volunteering at The Gardens. _____

_____(Use back of this sheet if necessary)

Please list your: Computer skills: _____

Horticultural experience & affiliations: _____

Other pertinent skills: _____

Do you have any special needs? _____

Please state why you have chosen to apply for a volunteer position at The Gardens _____

_____(Use back of this sheet if necessary)

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

Health Insurance Company: _____

In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Please return this form to Volunteer Coordinator, Email: csnow@bbgardens.org

Or mail: 2612 Lane Park Road, Birmingham. AL 35223. Fax 205-414-3966, Phone 414-3962

www.bbgardens.org