

VOLUNTEER APPLICATION



Contact Information

Name (first, last)	
Street Address	
City, State, Zip Code	
Primary Phone	
Secondary Phone	
E-Mail Address	
Birth Date	

Interests

Tell us in which areas you are interested in volunteering.

<input type="checkbox"/> Office <input type="checkbox"/> Gift Shop <input type="checkbox"/> Tour Guide (circle: cart and/or walking) <input type="checkbox"/> Newsletter Production <input type="checkbox"/> Construction <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Woodworking <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Mowing <input type="checkbox"/> Mulching <input type="checkbox"/> Trimming/Edging	Gardens: <input type="checkbox"/> Annuals <input type="checkbox"/> Perennials <input type="checkbox"/> Japanese Garden <input type="checkbox"/> Hostas <input type="checkbox"/> Herbs <input type="checkbox"/> Roses <input type="checkbox"/> Garden of Eat'n <input type="checkbox"/> Shrubs <input type="checkbox"/> Trees/Conifers <input type="checkbox"/> Wildflowers
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Availability

I am available the following days and times:

Are you with RSVP (Retired and Senior Volunteer Program)? **YES NO**

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies (e.g. computer savvy).

Previous Work and Volunteer Experience

Summarize your previous work and/or volunteer experience.

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Person to Notify in Case of Emergency

Emergency Name #1	
Phone Number	
Emergency Name #2	
Phone Number	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy – Come Grow with Us!

The Dubuque Arboretum & Botanical Gardens offers opportunities for learning, making new friends and meeting visitors from near and far. Thank you for completing this application form and for your interest in volunteering with us. Once we receive this form from you, the Volunteer Coordinator will contact you for an informal interview.

Return this form to:

Dubuque Arboretum and Botanical Gardens, 3800 Arboretum Dr., Dubuque, IA 52001-1040

If you have questions, please contact Barb Block, Volunteer Coordinator, at
volunteer@dubuquearboretum.net

Phone: (563) 556-2100 Fax: (563) 556-2443 www.dubuquearboretum.net

Office Use

Assigned to: _____

Date given to Betty: _____