



# Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ (please print clearly)

Cell Phone: \_\_\_\_\_

## Volunteer Opportunities: Please check all that interest you:

(For more information on specific opportunities, visit [4hgarden.msu.edu/volunteer/signup.html](http://4hgarden.msu.edu/volunteer/signup.html))

### Education

- Garden Discovery Guide (Docent)
  - Butterflies in the Garden
  - Seeds of Science
  - Tours (for Children and Adults)
- Teen Tour Guide
- Family Programs
- Garden Discovery Carts
- Curriculum Development
- Education Assistant
- Garden Researcher

### Gardening

- Family Volunteer Corp
  - Garden Work Parties
  - Adopt-a-Garden

### Other

- Technology Projects
- Other ideas, please list: \_\_\_\_\_

## Background Information

What is your educational background? \_\_\_\_\_

\_\_\_\_\_

What is your current occupation? \_\_\_\_\_

\_\_\_\_\_

Have you had any previous volunteer experience? \_\_\_\_\_

What else would you like us to know about you? Please describe any skills or qualifications (for example, drama, food, leadership, computers, etc) that relate to the volunteer position you are interested in. \_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

Why are you interested in volunteering at the Michigan 4-H Children's Garden? \_\_\_\_\_

### Availability

Check what days and times you are available to volunteer.

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Dates you are unavailable due to work commitments, vacations, summer residence, etc. \_\_\_\_\_

**References** Please list two references. Include business associates, employers or social friends. (Do not list relatives.)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been turned down as a volunteer with a youth-serving organization? Yes No

If yes, please explain: \_\_\_\_\_

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## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

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I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that the Michigan 4-H Children's Gardens does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, political beliefs, sexual orientation, marital status or family status, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for the Michigan 4-H Children's Gardens. I understand that either party may cancel this relationship at any time.

I certify the above information is correct. I agree to inform the garden of any changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is under 18)

**Return print this form and either mail, email or fax to:**

Jessica Albright  
Michigan 4-H Children's Gardens  
B102 Plant & Soil Sciences  
East Lansing, MI. 48824-1325  
Phone: 517.355.5191 x 1-327  
Fax: 517.353.0890  
Email: [garden4h@msu.edu](mailto:garden4h@msu.edu)

**Thank you for your willingness to share your talents!**

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