

FRIENDSHIP BOTANIC GARDENS

FBG VOLUNTEER FORM

Date _____

Name _____
Last First MI

Address _____

City, State _____ Zip Code _____

Phone _____ Cell phone _____

E-mail _____

ALLERGIES _____

IN EMERGENCY PLEASE CONTACT _____

Relationship _____ Phone _____

Please check the areas you are most interested in volunteering at this time.

<input type="checkbox"/> Outdoor work	<input type="checkbox"/> Indoor work	<input type="checkbox"/> Marketing
<input type="checkbox"/> Working with the public	<input type="checkbox"/> Working with children	<input type="checkbox"/> Membership
<input type="checkbox"/> Education Programs	<input type="checkbox"/> Special Events	<input type="checkbox"/> Clerical
<input type="checkbox"/> Theme Gardens	<input type="checkbox"/> Nursery	<input type="checkbox"/> Data Entry
<input type="checkbox"/> Consulting	<input type="checkbox"/> Plant propagation	<input type="checkbox"/> Teaching

AVAILABILITY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Before hours	<input type="checkbox"/> Before hours	<input type="checkbox"/> Before hours	<input type="checkbox"/> Before hours	<input type="checkbox"/> Before hours	<input type="checkbox"/> Before hours	<input type="checkbox"/> Before hours
<input type="checkbox"/> 10-12	<input type="checkbox"/> 10-12	<input type="checkbox"/> 10-12	<input type="checkbox"/> 10-12	<input type="checkbox"/> 10-12	<input type="checkbox"/> 10-12	<input type="checkbox"/> 10-12
<input type="checkbox"/> 12-2	<input type="checkbox"/> 12-2	<input type="checkbox"/> 12-2	<input type="checkbox"/> 12-2	<input type="checkbox"/> 12-2	<input type="checkbox"/> 12-2	<input type="checkbox"/> 12-2
<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4	<input type="checkbox"/> 2-4

Please list any areas of expertise that you would like to share.
