

Volunteer Application



Name: _____ Date of Application: _____

Birth Date: _____

ID: (SS Card, State ID, Drivers License #) _____

Phone Number: (H) _____ (Cell) _____

Address: _____

Emergency Contact (1) Name : _____ Relationship: _____

Phone Number: (H) _____ (Cell) _____

Address: _____

Emergency Contact 2: _____ Relationship: _____

Phone Number: (H) _____ (Cell) _____

Address: _____

Medical Information: Volunteers must make note of any medical changes for the entire duration of volunteer service. Please attach any additional sheets if needed.

Medical history of concern: (i.e. allergies, epilepsy, physical restrictions) _____

Primary Care Physician: _____

Phone Number: _____

Address: _____

Include any special skills you have that you believe would be useful at the Garden.

What are your volunteer interests?