



FRIENDS OF
BOERNER
BOTANICAL
GARDENS
Milwaukee County's Living Museum

FRIENDS OF BOERNER BOTANICAL GARDENS VOLUNTEER APPLICATION FORM

TODAY'S DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

HOME PHONE: _____ **WORK PHONE:** _____

CELL/ ALTERNATE PHONE: _____

E-MAIL ADDRESS: _____

Are you 18 years or older? yes no **Date of birth:** _____

Have you ever volunteered with the Friends of Boerner Botanical Gardens before? If so, when? _____

How did you learn about our opportunity?

What are your areas of interest?

Current Employment Status: full time part time retired other

Current Employer: _____

EDUCATION:

School: _____ Area of Study: _____ Years Completed: _____ Degree: _____

EXPERIENCE (PAID AND VOLUNTEER):

Name of Organization:

Position/Duties:

Dates:

SKILLS and HOBBIES:

What skill, hobby or interest can you share with FBBG (gardening, retail experience, computer skills, customer service [i.e. phone calls], outreach events)

MEMBERSHIPS, AFFILIATIONS AND CLUBS:

WHAT VOLUNTEER POSITION ARE YOU INTERESTED IN? (Please check 3 choices):

- | | |
|--|--|
| <input type="checkbox"/> ADULT EDUCATION | <input type="checkbox"/> ADMINISTRATION/CLERICAL |
| <input type="checkbox"/> CHILDREN'S PROGRAM | <input type="checkbox"/> LIBRARY AIDES |
| <input type="checkbox"/> GARDEN WALK DOCENTS | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> GIFT SHOP ASSISTANT | <input type="checkbox"/> IN GARDEN* |
| <input type="checkbox"/> OTHER (_____) | |

**Please note that this involves light physical tasks such as bending, kneeling, lifting, digging, etc.*

Please indicate the days and times you prefer to volunteer:

___ Sunday ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Best Times: _____ AM _____ PM

Desire Start Date _____

REFERENCES

Please give three persons (non family) who will provide information regarding your qualifications, work habits and character:

Name	Relationship	Daytime Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a current employee of Milwaukee County? yes___ no___

Have you previously been employed by Milwaukee County? yes___ no___

Volunteer terms: 1.) The Volunteer relationship may be terminated at any time by the Friends or the Volunteer, with or without cause, and 2.) The cost associated with volunteering, shall be the responsibility of the Volunteer, and 3.) The Volunteer shall hold the Friends harmless against and from any and all claims and damages, costs and expenses, arising out of use of the Center by the Volunteer except to the extent as such claims and damages result from the willful acts or omissions of the Friends.

I have read, understand and agree to the terms of this application. I represent that all information in this application is accurate and complete. I authorize the Friends to investigate my qualifications, work habits and character, and to obtain information from others concerning my qualifications, work habits and character and other relevant information affecting this application.

Signature

Date



Nurture Sustain Preserve

