



VOLUNTEER APPLICATION

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PRIMARY PHONE: _____

E-MAIL: _____

AGE: _____

INTERESTS. Let us know how you want to help.

EVENTS	GARDENS
<input type="checkbox"/> PLANT SALE	<input type="checkbox"/> Adopt-A-Bed for the season
<input type="checkbox"/> Planning & Organizing	<input type="checkbox"/> Fall Bulb Planting
<input type="checkbox"/> Event Day Assistants	<input type="checkbox"/> Annuals
<input type="checkbox"/> Decorators/Crafters	<input type="checkbox"/> Perennials
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Pruning/Mulching/Weeding
<input type="checkbox"/> Photography	<input type="checkbox"/> Planting
<input type="checkbox"/> WOODWORKING	<input type="checkbox"/> Group Volunteer Events
<input type="checkbox"/> MOWING	
<input type="checkbox"/> TRIMMING & EDGING	

Emergency Contact

Phone Number

1. _____

Date _____

2. _____

Signature _____