



Celebrate! Cultivate! Conserve!

VOLUNTEER APPLICATION

PERSONAL INFORMATION

(Please Print)

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____ Evening Phone: _____

Other: _____

Are you currently a member of Santa Fe Botanical Garden? Yes No

What is the best way and time to contact you? _____

AVAILABILITY

AM

PM

Either

Weekdays

Weekends

Spring/Summer

Fall/Winter

Either

When do you prefer to volunteer?

Number of Hours per week _____ Mon Tues Wed Thurs Fri Sat Sun (Check all that apply)

PLEASE CIRCLE THE SKILLS YOU WISH TO USE (Circle all that apply)



Office

Filing
Typing
Phone
Data Entry

Maintenance

Site gardening
Carpentry
Mechanical
Other

Arts

Drawing
Photography
Graphics
Writing

Outreach

PR & Marketing
Garden Tours
Public Speaking

Plant Science

Botany
Horticulture
Biology

Education

Teach Children
Teach Adults
Program Speaker
Train Docents
Become a docent
Plan Programs

**Development/
Fund Raising**

Events
Grant Writing
Other

Professional

Legal
Accounting
Real Estate
Other

Languages Spoken and/or read: _____

Hobbies and other Interests: _____

Please note other pertinent skills and experience: _____

Why are you interested in volunteering for the Santa Fe Botanical Garden: _____

Have you volunteered before? Yes No

Where? _____ How Long? _____

What do you like most about volunteering? _____

What do you like least about volunteering? _____

Are you currently a student? Yes No



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EMERGENCY CONTACT INFORMATION: Note: This information will be kept confidential and used only in case of an emergency.

Emergency

Contact: _____

Relationship: _____ Emergency phone: _____

Please list physical limitations, if any for desired volunteer position

I understand that I am applying as a volunteer for the Santa Fe Botanical Garden and that if my application is accepted, no employment relationship will be created hereby. I am volunteering my services to the Santa Fe Botanical Garden to help further their mission of celebrating, cultivating and conserving the rich botanical heritage and biodiversity of the region through programs of education and service to the community. I do this without expectation of being rewarded by compensation of any kind derived from my volunteer activities.

I further agree to abide by any rules and regulations set forth by the Santa Fe Botanical Garden as it relates to their sites and all events and activities.

I certify that the information given in this application is true and correct and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release the organization from any liability whatsoever for supplying such information.

Signature

Print Name

Date: _____

Please return this application to:
Santa Fe Botanical Garden
P. O. Box 23343
Santa Fe, NM 87502
Phone 505-471-9103