



Cylburn Arboretum Volunteer Application



Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Email address _____

How do you prefer we contact you? Email _____ Home phone _____ Cell phone _____

Have you previously volunteered at Cylburn? Yes _____ No _____

If yes, please indicate project and date(s) _____

Volunteer Experience

Name of Organization _____

Dates of Service _____

Type of Service Provided _____

Education

Please check last year completed:

High School 1 ___ 2 ___ 3 ___ 4 ___ Name of School _____

College 1 ___ 2 ___ 3 ___ 4 ___ Name of School _____

Graduate Degree _____ Name of School _____

Employment

Name of Employer _____ Dates _____

Title _____ Supervisor _____

Phone Number _____

Areas of Interest

Outdoor activities:

Collections Care___ Gardens Maintenance ___ Greenhouse ___

Woodland Trails Crew ___ Tour Guides ___

Please note: these positions may require training

Indoor Activities:

Nature Museum___ Office Support ___ Publications ___

Pre-School Education Programs ___ K-12 Education Programs ___

Adult Education Programs___

Gift Shop Kiosk ___ Community Outreach ___

Social Media/Publicity ___ Special Events ___ Special Projects ___

SKILLS INFORMATION

Let us know a little more about yourself by checking off any area(s) of experience:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Gardening | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Audio-Visual | <input type="checkbox"/> Graphic Art/Design | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Botany/Horticulture | <input type="checkbox"/> Greenhouse/Nursery | |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Leading Tours | |
| <input type="checkbox"/> Clerical work | <input type="checkbox"/> Marketing/Public Relations | |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Photography | |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Public Speaking | |

Availability

Monday AM__ PM__ Tuesday AM__ PM__ Wednesday AM__ PM__
Thursday AM__ PM__ Friday AM__ PM__ Saturday AM__ PM__
Sunday AM__ PM__

Cylburn days/hours of operation are Tuesday-Sunday
8AM to 8PM (Apr-Oct)/8AM to 5PM (Nov-Mar)

Personal Reference

Name _____

Address _____

Daytime Phone Number _____ Relationship _____

Emergency Contact Information

Name _____

Address _____

Phone # where they can be reached during volunteer hours _____

Relationship _____

How did you learn about our volunteer program? _____

Have you ever been convicted of a crime in this state or elsewhere other than a traffic violation? ___Yes (you may be asked to explain) ___No

Please list any physical or medical condition (including allergies, medications, etc.) so the Arboretum staff is better able to assist you in the event of an emergency situation:

Signature _____ Date _____