

MCKEE BOTANICAL GARDEN VOLUNTEER APPLICATION

Date: _____

Mr. Mrs. Miss Ms Dr.

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone #: _____ Cell Phone #: _____ Email Address: _____

In case of emergency contact: _____ Phone #: _____

Current member of the Garden? Yes No Date of Birth: / /
(Volunteers are encouraged to be a member) Month Day Year (Optional)

Presently employed: Yes No Occupation: _____ Phone #: _____

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| MORNING | | | | | | | |
| AFTERNOON | | | | | | | |

of hours able to commit per month: _____

Are you seasonal? Yes No If yes, list dates in Vero Beach _____

Education (including all courses after high school or college):

Special Skills (such as carpentry, typing, computers, etc.) talents, botanical/horticultural interests and hobbies:

Languages spoken: English Spanish French German Other

List previous experiences (volunteer, paid or educational) that will be useful in volunteering at McKee.

| <u>Activity</u> | <u>Organization</u> | <u>Dates</u> |
|-----------------|---------------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

How did you learn about the Garden's volunteer program?

What do you hope to gain by volunteering at the Garden?

Areas of interest:

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Grounds Volunteer | <input type="checkbox"/> Library |
| <input type="checkbox"/> Garden Guide | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Greeter | |

(OVER)

INDICATE YOUR PREFERENCES FOR WORKING CONDITIONS

| | | | | | |
|----------|-------|---------|-------|---------------|-------|
| Inside | _____ | Outside | _____ | Strenuous | _____ |
| Dirty | _____ | Clean | _____ | Non strenuous | _____ |
| Standing | _____ | Sitting | _____ | Walking | _____ |
| Bending | _____ | Phones | _____ | Filing | _____ |

Do you have any physical limitations that should be considered when we plan your volunteer assignment?

For the protection of our Garden volunteers and the children they serve, two personal references are required from volunteers in programs involving contact with youth. If you are applying for any of these programs, please list two references below.

Name: _____ Phone Number: () _____

Name: _____ Phone Number: () _____

Please note: Final placement is contingent upon the openings at the time of application.

For Currently active McKee Volunteers:

When did you start volunteering at McKee? _____

What jobs have you done?

FOR OFFICE USE ONLY:

Assignment(s) and dates started:

Please return to: McKee Botanical Garden
350 US Highway 1
Vero Beach, FL 32962

If you have any questions, please call us at (772) 794-0601