



This volunteer form will help us make your volunteer time a rewarding experience. Please complete this form and give it to one of our staff managers. Thanks!

Today's Date : _____

Name: _____

Address: _____

Phone Number(s): _____

E-Mail _____

Why do you want to volunteer at our nursery? _____

Do you have experience with persons with disabilities? Explain. If no experience, tell us why you are interested in working with people with disabilities? _____

What do you like to do in the garden? _____

Are you familiar with plant names? _____

Are you interested in greeting/helping customers? _____

When are you available to volunteer (day of week/hours)? _____

OFFICE USE ONLY

contact date: _____ day/time: _____

start date:

end date:

comments: