

VOLUNTEERING

Do/did you volunteer for any other organizations? Yes No

Briefly describe work done: _____

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

- News-Press Independent Ironwood Flier Friend
 Radio or Television (please specify station): _____ While visiting the Garden
 Other Garden Volunteer Other (please specify) _____

EDUCATION AND TRAINING

Are you currently a student? Yes No Full-time Part-time

Please note your educational training or background: _____

Major: _____ Degree: _____ Year: _____

Will your volunteer service fill an educational requirement? Yes No If "Yes", please complete the following

Name of Teacher/Professor: _____ Phone: (____) _____

Name of School/College/University: _____

PERSONAL INFORMATION

Emergency contact: _____

Relationship: _____ Emergency phone: (____) _____

Physical limitations for desired position (if any): _____

REFERENCES: Please supply the names, phone numbers, and addresses of three (3) references:

1) Name: _____ Phone: (____) _____

Address: _____

2) Name: _____ Phone: (____) _____

Address: _____

3) Name: _____ Phone: (____) _____

Address: _____

I understand that I am applying for a volunteer position at the Santa Barbara Botanic Garden and that if my application is accepted, no employment relationship will be created hereby. I am volunteering my services to the Santa Barbara Botanic Garden for civic, charitable or humanitarian reasons, without any promise or expectation of being rewarded by compensation of any kind. I acknowledge that no promises have been made to me regarding any compensation or other benefit to be derived from my volunteer activities.

Signature

Print Name

____/____/____
Date

Please return this application to:

Volunteer Program Manager, Santa Barbara Botanic Garden, 1212 Mission Canyon Rd., Santa Barbara, CA 93105

Phone (805) 682-4726 Ext. 126 FAX (805) 563-0352

Notes:

FOR OFFICE USE ONLY

Date Volunteer Began Training: _____ Date volunteer work began: _____ Volunteer work area(s): _____
