



Apprenticeship Application

INSTRUCTIONS:

Completion of this form is part of the application process for all apprenticeships. All requested information must be written on the application form itself. Resumes or attachments may be included, but cannot be substituted for an application form. It is important to answer all questions on the application form fully and accurately.

(PLEASE PRINT)

Date of Application: _____

Name _____
Last First MI

Current address _____

City _____ State _____ Zip _____

Current phone _____ Email _____

Permanent address _____

City _____ State _____ Zip _____

Permanent telephone number (____) _____ E-mail _____

APPRENTICESHIP INFORMATION

What is your specific area of interest at the Garden? _____

Starting date you will be available _____ hours/days you will be available _____

Number of hours you must complete: _____

EDUCATION AND TRAINING

College/University _____

Address _____

Name, phone number and email of faculty sponsor/Intern program contact _____

Will you receive credit towards graduation for this internship? _____ Level of education _____

Major/Degree _____ Date of completion/graduation _____ G.P.A. _____

School experiences related to desired apprenticeship(s) _____

Volunteer experience related to apprenticeship(s) _____

Computer/word processing skills _____

Work Experience Related To Desired Position:

Employer _____ Dates of employment ____/____/____ to ____/____/____

Address _____ Phone (____) _____

Type of business _____

Position held _____ Supervisor's name and position _____

Responsibilities _____

Work Experience Related To Desired Position:

Employer _____ Dates of employment ____/____/____ to ____/____/____
Address _____ Phone (____) _____
Type of business _____
Position held _____ Supervisor's name and position _____
Responsibilities _____

Work Experience Related To Desired Position:

Employer _____ Dates of employment ____/____/____ to ____/____/____
Address _____ Phone (____) _____
Type of business _____
Position held _____ Supervisor's name and position _____
Responsibilities _____

PERSONAL INFORMATION

Emergency contact _____
Relationship _____ Emergency Phone (____) _____
Physical limitations for desired position (if any) _____
How did you hear about this apprenticeship? _____

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

- 1) Name _____ Phone (____) _____
- 2) Name _____ Phone (____) _____
- 3) Name _____ Phone (____) _____

The following is very important. Please read carefully before signing this application.

I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that providing false or incomplete information on this form is sufficient cause for cancellation of this application or, if I have been accepted as an apprentice, subsequently dismissed.

The Santa Barbara Botanic Garden is authorized to make any reasonable investigation of my personal or employment history and, I authorize any former employer, person firm, corporation, credit agency or government agency to give the Garden any relevant information they may have regarding me.

I will not hold Santa Barbara Botanic Garden or any of my previous employers liable in any respect if an apprenticeship offer is not forthcoming, is withdrawn, or if my apprenticeship is terminated as a result of misrepresentation or omissions of facts on this application. I understand that if I am engaged as an apprentice by Santa Barbara Botanic Garden, additional personal data may be required for statistical purposes, and legal compliance.

I understand that if I am engaged as an apprentice by Santa Barbara Botanic Garden, my apprenticeship is at will, that I or the organization may terminate the relationship at any time, for any reason, with or without notice. I further understand that the at-will nature of my employment relationship with the Garden may not be altered by oral representations, but may only be altered by a written contract executed by the Executive Director.

If I am accepted as a volunteer apprentice at the Santa Barbara Botanic Garden, I will comply with the Employee Handbook and Garden Policies.

Signature _____ Print name _____ Date ____/____/____

Please return this application to:

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

Phone (805) 682-4726 Ext. 119 FAX (805) 563-0352 E-mail: volunteer@sbbg.org