



Volunteer Application

(Please Print)

Name _____ Date of Application _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Are you currently employed? No Full-time Part-time

Do you hold a college degree? Yes Major _____

Other specialized training/languages _____

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

If a student: School _____ Year _____

Major/Goals _____

Availability Weekends Weekdays # hours/week _____

Special Projects (schedule varies depending on project)

How did you learn about our volunteer opportunities?

SBBG website Friend Flier SBBG visit Craigslist Volunteer Match

Press or other media (please specify) _____

Check categories of interest

(for more information, visit website <http://www.sbbg.org/get-involved/volunteer>).

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative assistant | <input type="checkbox"/> Gardening | <input type="checkbox"/> Research assistant |
| <input type="checkbox"/> Development & Marketing | <input type="checkbox"/> Herbarium | <input type="checkbox"/> Retail Sales – gift shop |
| <input type="checkbox"/> Docent/Garden Guide | <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Retail Sales – nursery |
| <input type="checkbox"/> Education | <input type="checkbox"/> Media & Communications | <input type="checkbox"/> Teahouse |
| <input type="checkbox"/> Events | <input type="checkbox"/> Photography | <input type="checkbox"/> Visitor Services |
| <input type="checkbox"/> Garden Guild (crafts) | <input type="checkbox"/> Plant Propagation | <input type="checkbox"/> Website |

Personal Information

Emergency Contact _____

Relationship _____ Phone _____

Alternate Emergency Contact _____

Relationship _____ Phone _____

By completing and submitting this form, I acknowledge that I am personally offering my services as a volunteer to the Santa Barbara Botanic Garden solely for civic, charitable or humanitarian reasons, without promise, expectation, or receipt of compensation or benefits.

Print Name _____

Signature _____

Signature of Parent or Guardian of Minor _____

Date _____

Please submit this application to:

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

volunteer@sbbg.org
FAX (805) 563-0352