



Botanic Gardens
 COLLEGE OF AGRICULTURE &
 NATURAL RESOURCES



VOLUNTEER APPLICATION

Date: _____

Contact Information

Mr. Mrs. Ms. (circle one)

Name: _____

Mailing Address: (Street, Apt. No.) _____

(City, State, Zip Code) _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Email address: _____

Are you a member of UDBG Friends? () Yes () No

Education/Employment

() High School () 2-year College () 4-year College () Post-College

Degree(s) or area of study: _____

List any special training: _____

Employer (past or current): _____

Occupation: _____

Volunteer Interests (Check all that apply)

- () Garden Projects
- () Nursery and Greenhouse Maintenance
- () Office Administration
- () Plant Research & Record Keeping
- () Plant Sales
- () Special Events

List any special skills, interests, hobbies: _____

List any horticultural societies/groups to which you belong: _____

Have you ever volunteered before? If so, where? _____

In what activities/programs did you participate during past volunteer experiences?

Did you ever have a leadership role? If so, what did you do? _____

Volunteer Availability (Check all that apply)

Mon Tue Wed Thu Fri Sat

Hours (am, pm, or after work/evening): _____

Identify any physical or medical condition that would enable UDBG staff to better assist you in an emergency situation: _____

Emergency Contact Person

Name: _____

Address: (Street, Apt. No.) _____

(City, State, Zip Code) _____

Relationship to Volunteer: _____

Day Phone _____ Evening Phone _____ Cell Phone _____

Please send form to: UDBG

**Attn: Valann Budischak
Plant & Soil Sciences Dept.
University of Delaware
152 Townsend Hall
Newark, DE 19716-2170**

Forms can also be faxed to (302) 831-0605 – Attn: Valann

If you have any questions, feel free to call Valann at (302) 831-4188