



3535 Jarrettsville Pike
Monkton, Maryland 21111
410-557-9570

For Office Use Only
Received: _____
Scanned: _____
Contacted: _____
Misc. Notes: _____

VOLUNTEER APPLICATION

Date _____

Name _____
Last First MI Preferred Name

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email _____

Education:

High School _____

College _____ Major _____

Employment:

Past Present Most Recent Employer: _____

Occupation _____

Nature of Business _____

Volunteer Experience:

Have you ever volunteered? If so, where? _____

Skills and Training:

List any course work, training, or experience that may be applicable (for example: first aid or EMT Courses):

Preferences:

Indicate areas of interest for volunteering. Please check all that apply.

- Butterfly House
- Children's Education
- Garden Maintenance
- Nature Walk Maintenance
- Office Administration
- Special Events

Availability:

- | | | |
|------------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Friday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> am | <input type="checkbox"/> pm |

How did you hear about our Volunteer Program?

References (please provide name and phone number for 2 persons not related to you):

Emergency Contact:

Name _____ Phone # _____ Relationship _____

Have you ever been convicted of a crime, other than minor traffic violations, in this state or elsewhere? Yes No

If yes, please explain _____

(A conviction does not automatically exclude you from consideration for volunteering).

I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

Signature _____ **Date** _____

It is the intent of Ladew Gardens to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor.

Thank you for taking the time to fill out this application. Once received, you will be contacted by the Director of Volunteers or the Head of Gardens as soon as possible. We look forward to working with you and appreciate the generous offer of your time and skill.