



Volunteer Opportunities

at the San Francisco Botanical Garden Society

Volunteer Application Form

www.sfbotanicalgarden.org

VOLUNTEER APPLICATION

Name: _____ Phone: H _____ W _____

Address: _____

E-mail: _____ Birth date: _____

Contact in Emergency: _____ Phone: _____

Relationship: _____

BACKGROUND:

Education: _____

Current Employer/School: _____

Previous Volunteer Experience: _____

Skill/Interests: _____ Languages: _____

How did you learn about the volunteer program at the San Francisco Botanical Garden Society?

Why do you want to volunteer at the San Francisco Botanical Garden?

Restrictions: (Health, Family, Schedule):

Health Care Information (provider, number, facility): _____

Are you a member of the San Francisco Botanical Garden Society? Yes No

Do we have your permission to publish your name, address, telephone and E-mail in our Volunteer Directory (for staff and volunteer use only)? Yes No

Please check areas of interest:

<input type="checkbox"/> Nursery	<input type="checkbox"/> Gardener's Assistant	<input type="checkbox"/> Bookstore/Visitor's Center
<input type="checkbox"/> Plant Store	<input type="checkbox"/> Plant Collections	<input type="checkbox"/> Library
<input type="checkbox"/> Special Events	<input type="checkbox"/> Children's Garden	<input type="checkbox"/> Docents
<input type="checkbox"/> GIS/GPS Volunteer	<input type="checkbox"/> Survey Volunteer	

AVAILABILITY

When are you available? Mornings Afternoons All day

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

REFERENCES

List name and phone numbers one volunteer reference and one personal reference (other than family):

Name: _____ Phone: _____ Known Since: _____

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Have you ever been convicted of anything other than a minor violation? Yes No

(A conviction record will not necessarily be a bar to volunteering and factors such as age, time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

I give my permission for you to contact the people I have listed as my references and to check civil or criminal codes to verify any statement made on this form.

Signature: _____

Date: _____

HOLD HARMLESS AGREEMENT

In consideration for being granted permission to work as a volunteer, I, the undersigned, shall protect, hold free and harmless, defend and indemnify the San Francisco Botanical Garden Society, and the City and County of San Francisco, including their agents, from any and all claims of any kind and from all liability, penalties, costs, losses, damages, expenses, claims, or judgments (including attorney's fees) resulting from injury, death, or damage to visitors, third parties, myself or other volunteers, or property of any kind, which injury, death or damage arises out of or is in any way connected to the volunteer work assignment.

Signature _____

Date: _____

RETURN TO:

E-mail: volunteer@sfbotanicalgarden.org

**Mail: Thomas Laursen, Volunteer Services Manager
San Francisco Botanical Garden Society
Golden Gate Park, 9th Avenue at Lincoln Way, San Francisco, CA 94122**

Phone: 415-661-1316, ext. 412

Fax: 415-661-7427