



# Volunteer Opportunities

of the San Francisco Botanical Garden Society

## Volunteer Application Form

www.sfbotanicalgarden.org

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### 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 Strybing Arboretum & Botanical Gardens?

\_\_\_\_\_

\_\_\_\_\_

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"/> Office Volunteers	<input type="checkbox"/> Plant Collections	<input type="checkbox"/> Library
<input type="checkbox"/> Special Events	<input type="checkbox"/> Children's Garden	<input type="checkbox"/> Docents

#### 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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Known Since: \_\_\_\_\_

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](mailto:volunteer@sfbotanicalgarden.org)

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

**Phone:** 415-661-1316, ext. 312

**Fax:** 415-661-7427