

VOLUNTEER APPLICATION



CONTACT INFORMATION:

Name			Age if under 18:
Street Address			
City, State, Zip			
Telephone	Home:	Cell:	
Email address			
Emergency Contact information	Name:	Phone:	

AVAILABILITY:

Are you a season resident? _____ If yes, when are you available? _____

What days/times would you be available to volunteer? Please check all that apply.

				Wednesday	Thursday	Friday	Saturday	Sunday
Morning								
Afternoon								

Interests:

Tell us in which areas you are interested in volunteering:

Welcome Center
 Propagation
 Children's Programs
 Events, Weddings
 Plant Sales
 Gardens
 Gift Shop
 Administrative
 Membership or Volunteer Committees
 Other: _____

Special Skills or qualifications:

Please summarize

Please sign below:

Print Name

Signature

Date

Our policy:

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application form and for your interest in volunteering with us.

Return to: Volunteer Coordinator, Friends of the Port St. Lucie Botanical Gardens
 2410 SE Westmoreland Blvd, Port St. Lucie, FL 34952
 772-337-1959