

# Volunteer Application



## Information

PLEASE PRINT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age if under 18\*: \_\_\_\_\_  
Last name First Name

Address: \_\_\_\_\_  
Number Street Appt./Unit

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address (required): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Availability

Are you a seasonal 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

Welcome Center      Propagation      Kids Programs.      Events      Plant Sales  
 Gardens      Gift Shop      Administrative      Membership or Volunteer Committees  
 Others: \_\_\_\_\_

## Special Skills or Qualifications

Summarize special skills & qualification: \_\_\_\_\_  
 \_\_\_\_\_ 2nd Language Skills:    No    Yes \_\_\_\_\_

**\*Note: If under 18 a parental consent is required. If under 16 a parent or guardian must be present with volunteer at all times.**

	_____/_____/____/____
Print Name	DATE

Signature      Phone

## Our Policy

It is the policy of this organization to provide equal volunteer opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

**Thank you for completing this application and for your interest in volunteering with the Friends!**

**Return to: Volunteer Coordinator, PSL Botanical Gardens, 2410 Westmoreland Blvd, Port St. Lucie, FL 34952**  
**-or- Email signed forms to info@pslbg.org. \* Photo ID Required at time of in-person Orientation \***

Photo ID   
  Application Received by: \_\_\_\_\_   
  Data Entry



## Ethics / Code of Conduct

The **mission** of Friends is ***to create and maintain a beautiful, serene sanctuary in the center of Port St. Lucie that is environmentally sound and naturally diverse and to provide educational, cultural and recreational opportunities for all who visit.*** To support that mission, participation in all of Friends' activities and programs at The Gardens is welcomed only to Members, Volunteers, staff, service providers and vendors who adhere to the following Ethics / Code of Conduct:

1. Treat all Members, Volunteers, Staff & Visitors with civility, respect & fairness, and, maintain the highest standards of ethics
2. Comply with our governing documents, policies & procedures
3. Comply with all local, state and federal laws
4. Contribute services that advance Friends' mission only
5. Use of illegal drugs & use of alcohol above the legal limit is prohibited
6. Use of firearms or other weapons is prohibited
7. Any acts of violence or intimidation are prohibited
8. Commit to protect Friends' assets, both tangible & financial, and commit to protect Friends' proprietary property & information

I, the undersigned, have read & understand this Ethics / Code of Conduct.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_