

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	Signature	Phone	DATE	

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- Complete the form, save it, then Email electronically signed form to info@pslbg.org.
*** Photo ID Required at time of in-person Orientation ***



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 _____