



VOLUNTEER APPLICATION

DATE: _____

Name			Email		
Address			Phone _____		
			Circle one: Cell Home Work		
City	State	Zip	Birthday (mm/dd) ____/____		
Garden Member? Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/> Under the Age of 18?		

Availability: Please indicate when you are available to volunteer. Morning hours are 9 am until 12 pm and afternoon hours are 12 pm to 5 pm. Sunday hours are 11 am to 5 pm.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY PM
AM (9-12)							
PM (12-5)							

Volunteer Opportunities by Department. Please check all jobs/events you are interested in doing. Positions with an * require training. Visit www.hsvbg.org for more information about seasonal events and hours.

Advancement	Admin Support	Data Entry
	Membership kiosk	

Communications/Marketing	Intern	Website Support
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Education	*Docent (Children or Adult Education)	*Shuttle Driver	*Butterfly House
	School Field Trips		

Events (does not include all seasonal events)	Raptor Show (Mar)	Bunny Bonanza (Apr)	Plant Sales (Apr/Oct)
	Bootanica (Oct)	Galaxy of Lights	Races 3K/5K (Nov)

Guest Services	*Admissions/Information	*Gift Shop	*Greeter
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Horticulture	Azalea Trail	Demonstration Vegetable Garden	Fern Glade
	Gardening Assistant	Garden Grubbers	Greenhouses
	Herb Garden	Pansy Planting	Mapping/Plant Records

If you need hours for community service please indicate how many hours are required _____

and date to be completed _____.

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Individual or Organization to whom hours must be reported:

Name _____ Address _____

Email _____ Phone _____

Other Information: _____

Check if you require any special assistance or accommodations.

Explain: _____

Does your employer offer matching gifts for volunteer hours?

MUST be completed by volunteer or parent if under age 18:

Emergency Contact Information:

Name _____ Phone _____

*****Name of Adult for Volunteer Under 18:**

Name: _____ Phone: _____

VOLUNTEER AGREEMENT, WAIVER AND LIABILITY RELEASE:

I certify that the information given in this application is true and correct and has been given voluntarily. I understand that this information may be disclosed to any party with legal interest, and I release Huntsville Botanical Garden from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer, and I will adhere to any training received under the direction of staff. Huntsville Botanical Garden is not responsible for an injury or accident that may occur during my participation as a volunteer in any activity or event. I understand by checking the "I Agree" box below that I assume full responsibility as a volunteer and I hereby release and hold harmless and covenant not to file suit against Huntsville Botanical Garden or its employees, officers, directors, and any affiliated individuals ("releases") associated with my participation for any loss, liability or claims arising out of my participation, including any claim for personal injury or damage suffered by me or others, whether caused by falls, contact with participants, conditions of the facility or grounds, negligence of the releases or otherwise.

The seriousness of COVID-19 (Coronavirus) is prompting us to take immediate steps that balance the demands of our mission while ensuring the safety of our staff, volunteers and guests at the Huntsville Botanical Garden. By signing below, I certify that I will follow all CDC guidelines in regard to the prevention and spread of COVID-19 (Coronavirus). Current CDC guidelines include utilizing social distancing at all times, at least 6 feet apart, washing hands frequently for at least 20 seconds, disinfecting frequently touched surfaces and covering your mouth and nose with a cloth or mask while around others. In addition if I experience any symptoms of illness or have been around others that are ill I will refrain from volunteering for the time period recommended by the CDC for self-quarantine.

If I do not agree to these terms, I understand that I am not allowed to participate in the garden volunteer program.

I AGREE _____ (Volunteer Signature) Date: _____

I AGREE _____ (Custodial Parent Signature) Date: _____

Please return this form to:

Volunteer Coordinator

Huntsville Botanical Garden

4747 Bob Wallace Ave, Huntsville AL 35805

volunteer@hsvbg.org phone: 256-830-4447 x 238

REV: APR 20