

# Volunteer Application



Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Birth Date: \_\_\_\_\_

ID: (SS Card, State ID, Drivers License #) \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact (1) Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address: \_\_\_\_\_

Medical Information: Volunteers must make note of any medical changes for the entire duration of volunteer service. Please attach any additional sheets if needed.

Medical history of concern: (i.e. allergies, epilepsy, physical restrictions) \_\_\_\_\_

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Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Include any special skills you have that you believe would be useful at the Garden.

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What are your volunteer interests?