



Naples
Botanical
Garden

GARDENS with LATITUDE®

VOLUNTEER APPLICATION

PLEASE PRINT

Today's Date: _____
(Month, Day, Year)

Four Digit ID # _____
(Recommended: the last four digits of your cell number)

Last Name: _____ First Name: _____ Middle Initial: _____

First name preferred on **NAME BADGE**: _____ Circle one: Mr. Mrs. Ms. Dr.

Naples Street Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Land Line: _____ Work: _____

E-Mail: _____ Naples Botanical Garden Member: Yes _____ No _____

ALTERNATE ADDRESS (if you are seasonal)

Street: _____ City: _____ State : _____ Zip: _____

From: _____ To: _____ Alternate Land Line: _____
(Month/Day) (Month/Day)

Date of Birth: Month _____ Day _____ Year _____

Level of Education Completed: (circle last completed):

Middle School High School Associates Degree Bachelors Masters Doctorate

Major or Field of Special Training or Professional Career: _____

Previous Employer: _____ Present Employer: _____

Foreign Language(s) spoken fluently: _____

Current or Past Volunteer Experience: Organization: _____ Position: _____

Allergies or Relevant Health Related Information: _____

Emergency Contact Name: _____ Relationship: _____

E.C.'s Mobile Number: _____ E.C.'s Work Line: _____

Please circle the months you are available: (or **Year Round** if here all year)

Jan. Feb. March. April May June July Aug. Sept. Oct. Nov. Dec. **Year Round**

Have you ever been convicted of a crime: Yes _____ No _____

If yes, please explain: _____

PLEASE LIST any relevant areas of interest, talents, hobbies, job skills, etc.

Computer Programs that you know: _____Excel _____Publisher _____Volgistics _____Word

_____PowerPoint

Master Gardener certification obtained: City:_____ Year:_____

First Aid/CPR Certification: _____ Year: _____

I agree to abide by the policies and procedures stated in the Volunteer Handbook as well as the general Naples Botanical Garden visitor rules and regulations.

Signature: _____

Thank you so much for your interest and support.

Please allow our office time to process your application and find the right spot for you in our Volunteer Program.

Below for Office Use Only:

Assignment(s): _____

Next Step: _____



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