

Mildred E. Mathias Botanical Garden • Ucla

VOLUNTEER GARDENER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE: _____ EMAIL: _____

Are you currently enrolled as a student _____ Where _____

Year in school and/or degree _____ Major _____

Are you employed? _____ Type of work _____

Why do you want to volunteer at the botanical garden?

Have you any special gardening interests you would like to pursue, if possible?

How did you learn about the Volunteer Gardener Program?

Do you have any physical limitations that need to be considered in performing duties such as bending, lifting, crouching, as in weeding?

Do you want to be notified by email of botanical garden events?

List any gardening experiences and /or gardening organizations you belong to, as well as any other general hobbies or interests

Which day and time are you available:

Tuesday 8:30 am to 11:30 am _____ Friday 8:30 am to 11:30 am _____

Tuesday 1 to 4 pm _____ Friday 1 to 4 pm _____

Saturday 10 am to 1 pm _____