



536 North Eastern Boulevard • Post Office Box 53485 • Fayetteville, NC 28305 • 910 486 0221 Fax 910 486 4209 • www.capefearbg.org

Garden Volunteer

Name: _____

Address: _____

City, State, Zip: _____

Phone: (Home) _____ (Work) _____

Email address: _____

Date of Birth: _____

Please indicate areas of interest:

Greenhouse _____ Newsletter _____ Garden Guide _____

Office _____ Membership _____ Construction _____

Grounds _____ Education _____ Weddings _____

Special Events _____ Other _____

Days of the week available: _____ Time(s) Available: _____

Comments:

May we call you if we have special projects or events? _____

Please list any prior volunteer service:

Where

When

Please list 2 references:

Name

Address

Telephone

1. _____

2. _____

To be used if volunteers are under 18 years of age:

I hereby give permission for my child/ward to be a volunteer worker at this agency/institution.

Date _____ Signature of Parent/Guardian _____



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Responses to the questions below are requested – but are optional, not required!

How did you hear about the Cape Fear Botanical Garden?

What attracted you to be a volunteer at the Botanical Garden?

What skills do you believe you are bringing to the Botanical Garden?

Are you a member of other community organizations? If so, which ones?

Are you currently employed? If so, where?

What other hobbies do you enjoy?