



Cape Fear Botanical Garden VOLUNTEER APPLICATION

Founded in 1989, Cape Fear Botanical Garden is a natural beauty situated on an impressive 80 acres nestled between the Cape Fear River and Cross Creek just two miles from downtown Fayetteville. Cape Fear Botanical Garden is a 501(c)(3) non-profit that connects everyone to nature. Volunteers are the heart and soul of the Garden and include retirees, seniors, full-time working adults, and high school & college students. We invite you to join us and start making a difference today!

536 N. Eastern Blvd., Fayetteville, NC 28301
910 486-2001 WWW.CAPEFEARBG.ORG

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Email: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Employer (if applicable): _____

Employment Status: Student ____ Full-Time ____ Part-Time ____

Member of Cape Fear Botanical Garden: Y ____ N ____

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes ____ No ____

If yes, describe in full:

Please indicate areas of interest:

- Garden/Hort. Grounds: ____ Construction: ____ Farmhouse: ____
- Office Filing: ____ Data Entry: ____
- Visitor Services Admissions: ____ Gift Shop: ____
- Events Garden Special Events: ____
Private Events (Weddings/Conferences): ____
- Education Garden Tour Guide: ____ Children's Programs: ____
Adult Seminars: ____ Animal Plant Care: ____
Education Admin: ____

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

How did you hear about the Cape Fear Botanical Garden?

Why are you interested in becoming a volunteer at the Botanical Garden?

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

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

What other hobbies do you enjoy?

Days of the week available: _____

Time(s) Available: _____

Please list any prior volunteer service:

Where: _____ When: _____

Position/Duties:

Please list 2 references:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

VOLUNTEER EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

1. Name: _____

Relationship: _____

Phone: _____

2. Name: _____

Relationship: _____

Phone: _____

Please note any allergies to medication, foods, insects, etc.:

Please note any special medical conditions and any medication you routinely take:

Note: All education volunteers must complete a criminal background check request form prior to acceptance. Acceptance is contingent on the results of a criminal background check.

Privacy Statement: The personal information above is collected in order to evaluate the volunteer candidates. The information may be shared with program and organization partners.

By signing this, I acknowledge that the information I've given is accurate.

Signature: Volunteer _____

Date _____

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.

Signature: Parent/Guardian _____

Date _____



VOLUNTEER PROGRAM CODE OF ETHICS

As a Volunteer: I believe that I am subject to a code of ethics similar to that of professional workers; I shall accept my assigned responsibilities and expect to be accountable for what I do. I realize that I will supplement work performed by paid employees and agree to work without monetary compensation. In addition:

- ❖ I promise to be dependable and will notify the appropriate people if I cannot work when scheduled.
- ❖ I will respect the cultural backgrounds, family situations, and values of visitors and coworkers.
- ❖ I will accept the policies of Cape Fear Botanical Garden.
- ❖ I will dress in appropriate attire for garden tasks and weather.
- ❖ While performing my volunteer duties I will keep in mind that I am a representative of the Garden and will behave in a professional manner. As a volunteer I can expect:
 - ❖ To be treated as a valued co-worker.
 - ❖ To have an appropriate assignment.
 - ❖ To have access to safe equipment and proper supplies.
 - ❖ To feel free to share information with my supervisor.
 - ❖ To receive adequate supervision.
 - ❖ To receive recognition for a job well done.

Volunteer Waiver and Release of Liability

1. By signing this Waiver and Release of Liability (Agreement), I waive and release CAPE FEAR BOTANICAL GARDEN, INC its agents, servants, employees, insurers, director's, officers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.

This waiver and release is intended to and does release CAPE FEAR BOTANICAL GARDEN, INC from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and CAPE FEAR BOTANICAL GARDEN, INCs negligence. This is not intended to release CAPE FEAR BOTANICAL GARDEN, INC from any liability resulting from their intentional conduct.

I further covenant and agree not to institute any claims or legal action against CAPE FEAR BOTANICAL GARDEN, INC for any claim released by this Agreement. I further agree that should any claim be made against in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) CAPE FEAR BOTANICAL GARDEN, INC for any such claim and expenses including attorney's fees and costs incurred by CAPE FEAR BOTANICAL GARDEN, INC in defending themselves or security indemnity hereunder.

2. I understand that CAPE FEAR BOTANICAL GARDEN, INC is not responsible for any lost, stolen, or damaged valuables or property.

3. I acknowledge that I have received and read a copy of the current rules and regulations governing the use of the facility. I agree that I will fully comply with all rules and regulations and with any amendments.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue CAPE FEAR BOTANICAL GARDEN, INC for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by CAPE FEAR BOTANICAL GARDEN, INC, will void and terminate this Agreement and may result in loss of the ability to use the facility.

I am signing this Agreement freely, voluntarily and competently and am at least eighteen (18) years of age.

Name (please print) _____

Signature _____ Date _____

Parental/Guardian's Consent for underage volunteers

If volunteer is under the age of 18, the signature of a parent or legal guardian is required.

Yes, I give permission for this child to volunteer at CAPE FEAR BOTANICAL GARDEN, INC and acknowledge the risks associated with volunteering.

Parent / Guardian Signature

Parent / Guardian Printed Name