



CAPE FEAR
BOTANICAL
GARDEN

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

Individual Contact Information:

Name: Date of Birth:

Street Address:

City: State: Postal Code:

E-Mail: Mobile Phone No:

Home Phone: Work Phone No:

Employer (if applicable):

Employment Status:

Student Full-time Part-time

Member of Cape Fear Botanical Garden: Yes No

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/Horticultural

- Grounds
- Construction
- Farmhouse

Office

- Filing
- Data entry

Visitor Services

- Admission
- Gift Shop

Events

- Garden Special Events
- Private Events (Weddings/Conferences)

Education

- Garden Tour Guide
- Animal Plant Care
- Children's Programs
- Education Admin
- Adult Seminars

May we call you if we have special projects or events? Yes No

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:

Reference 1:

Name:

Address:

Phone:

Reference 2:

Name:

Address:

Phone:

VOLUNTEER EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Emergency Contact 1:

Name:

Relationship:

Phone:

Emergency Contact 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 of 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 of Parent/Guardian:

Date:



CAPE FEAR
BOTANICAL
GARDEN

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 co-workers.
- 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 the 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, INC's 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.

**Signature of
Parent/Guardian:**

Date:

This Waiver and Release of Liability Form is a guideline. It does not address potential issues with federal, state or local law, and it is not meant to be exhaustive or construed as legal advice. The contents of this waiver, and the extent of its effectiveness in court, may be affected by state law. Consult your licensed commercial property and casualty representative at Berends Hendricks Stuit Agency or legal counsel to address possible compliance requirements.

©2013 Zywave, Inc. All Rights Reserved.