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Botanical Conservatory Volunteer Application

(Please print or type)

Today's date: _____

Name (First, Middle initial, Last): _____

Street Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Home phone: _____ **Cell phone**: _____ **Work phone**: _____

E-mail: _____ **Birthday**: _____/_____/_____

Marital Status: Single ☐ Married ☐ Widowed ☐ **Spouse's Name**: _____

Education: Middle School ☐ High School ☐ College ☐ Graduate Degree ☐

Major course of study: _____

Please list recent work and volunteer activities: _____

_____

List skills and hobbies: _____

_____

Have experience with: Cash Register ☐ Business Telephone ☐ Business Machines ☐

Computer Programs ☐ Clerical Skills ☐ Teaching ☐ Public Speaking ☐

Foreign languages you can speak or write: _____

Disability or medical condition that will need accommodation: _____

Have you ever been convicted of a crime, including a misdemeanor? Yes ☐ No ☐

If yes, please explain: _____

Foellinger Freimann Botanical Conservatory

Foellinger-Freimann Botanical Conservatory — Volunteers
1100 S. Calhoun Street, Fort Wayne, IN 46802
(260) 427-6440 Fax: (260) 427-6450 www.botanicalconservatory.org

Fort Wayne Parks and Recreation — Play well... Live well

Botanical Conservatory Volunteer Application

Check the box for all areas of Volunteer interest:

Front Desk ☐ Gift Shop ☐ Shop Plant Groomer ☐ Outdoor Gardener ☐ Instructor ☐

Plant Sale Worker ☐ Butterfly Attendant ☐ Greenhouse Worker ☐ Carpenter ☐

Holiday Decorator ☐ Craft Leader ☐ Games Leader ☐ Event Security ☐ Ticket Seller ☐

Mailer ☐ Data Entry ☐ Telephone Caller ☐ Photographer ☐ Food Handler ☐

Other: _____

Volunteer Categories — Check the category box below which applies to you:
(Volunteer candidates age 10 to 17 must have parental permission to volunteer. Appropriate supervision will be assigned during work hours. All Volunteers must be at least age 10.)

Adult (age 18+) ☐ Teen (age 15-17) ☐ Child (age 10-14) ☐ Group (any age, part of a volunteering group) ☐

Statement of Accuracy:
I certify that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the Botanical Conservatory of any additional information relating to the questions raised on the application, which occur after I complete this application. I understand that any misrepresentation or omission of critical information may be sufficient cause to disqualify me from consideration for volunteering and/or to end my volunteer service. I give the City of Fort Wayne the right to investigate all information stated herein.

Signature of Applicant _____ **Date** _____

By signing below, I give my permission for my child/ward (under 18) to participate as a volunteer at the Botanical Conservatory.

Signature of Parent/Guardian _____ **Date** _____

The City of Fort Wayne is an equal opportunity employer. The City does not discriminate in employment, and questions on this application are not used for the purpose of limiting or excluding any applicant's consideration for volunteer employment on a basis prohibited by local, state, or federal law. We consider applicants for all position without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

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