


**THE GARDENS AT SIUE**  
**VOLUNTEER APPLICATION**

Last Name	First Name	Middle				
Home Address	City	State	Zip Code			
Home Phone	E-mail Address					
<b>Volunteer Experience or References</b>						
Organization Name	Address	Phone				
From: _____ to _____ Supervisor's Name/Title						
Organization/Persons Name	Address	Phone				
From: _____ to _____ Supervisor's Name/Title						
<b>Volunteer Opportunities (check all activities which interest you) :</b>						
<u>Horticulture</u>	<u>Ambassador</u>	<u>Special Events</u>	<u>Education</u>			
<input type="checkbox"/> Gardening	<input type="checkbox"/> Gardeners Guide	<input type="checkbox"/> Event Announcer	<input type="checkbox"/> Adult			
<input type="checkbox"/> Natural Areas	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Event Coordinator	<input type="checkbox"/> Youth			
<input type="checkbox"/> Visitor Service						
<b>Availability (check all that apply)</b>						
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime
<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.	<input type="checkbox"/> A.M.
<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> P.M.
Briefly describe your trainings and skills in horticulture: (none are required to volunteer)						
Briefly describe your interests in horticulture:						
Are you 18 or over?						
How did you learn about volunteer opportunities at The Gardens at SIUE?						

**The Gardens at SIUE Mission Statement**

The mission of The Gardens at SIUE is to create a venue of beauty and distinction that will support the educational and research components of the University; that will engage the public in educational opportunity and campus life; and that will provide a haven for relaxation and enjoyment for all.

**Volunteer Agreement**

1. The information provided is complete and true. If information given on this application is incomplete or untrue, I understand my assignment may be terminated.
2. I understand that my own insurance will be used as coverage for illnesses and injuries and that I am ultimately responsible for any costs incurred.
3. I agree to adhere to the rules/instructions of my job assignment(s) so as not to jeopardize volunteer activities or procedures.
4. I agree to uphold the mission of The Gardens of SIUE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail Completed form to: Doug Conley, Director, The Gardens at SIUE  
Southern Illinois University Edwardsville  
Edwardsville, IL 62026-1651  
Phone: 618-650-3788 Fax: 618-650-3174  
Email: doconle@siue.edu