

Howard Peters Rawlings Conservatory and Botanic Gardens

VOLUNTEER APPLICATION

Date: _____

Name (Last, First): _____

Are you 18 or over? Yes No - If no, how old are you? _____
(if under 14, you must be accompanied by a responsible adult at all times while volunteering)

Email: _____

Primary phone #: _____ Best contact time: _____ am/pm

Alternative phone #: _____ Best contact time: _____ am/pm

Street Address: _____

City, State, Zip Code: _____

The conservatory needs volunteers any time between 10 am and 4pm Wednesday through Sunday. Please check the days and times that you are available to volunteer:

Wednesday _____ am _____ pm
Thursday _____ am _____ pm
Friday _____ am _____ pm
Saturday _____ am _____ pm
Sunday _____ am _____ pm
Prefer flexibility

Please check areas of interest:

*Previous experience?
(check one)*

- | | | |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> "Hands-on" Plant Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Special Projects | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Development/Public Relations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Greeter/Gift Shop | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please note: volunteering as a greeter requires a commitment of at least 1 (2 hour) shift, once a month for 6 months.

We appreciate the same commitment for hands-on plant care, although it is not required.

OFFICE USE:

Rec'd Application: _____

Phoned/e-mailed: _____

+ Contacts & Vols list: _____

Orientation & Waiver: _____

SignUpGenius/welcome email: _____

Handbook & nametag: _____

1st volunteering: Date & task: _____

Tentative Schedule & Tasks: _____

FP date & result: _____

Do you have other skills, experience, or interests that you would like to offer?

In Case of Emergency (ICE) Contact Information:

Name of Emergency Contact: _____
Relationship of Emergency Contact to you: _____
Telephone Number(s) of Emergency Contact - Daytime: _____
Evening: _____ Cell: _____

Do you have any health conditions or physical limitations that you would like us to know about?

Criminal and/or civil court record:

(a conviction does not automatically exclude you from consideration for volunteering)

Have you been convicted of anything other than minor traffic violations? Yes No
If yes, please give details. _____

***E-mail preferred! Please send completed application to
conservatoryvolunteering@gmail.com.***

You may also drop off your application at the front desk, or mail it to:

The Howard Peters Rawlings Conservatory and Botanic Gardens
ATTN: Volunteer Coordinator
4915 Greenspring Ave.
Baltimore, MD 21209

Note: Volunteers who work directly with children and other vulnerable populations are required to be fingerprinted (at Recreation and Parks Headquarters in Druid Hill Park) and undergo a MD State Police background check (There is a separate form to indicate your consent to undergo this process).

If you have any questions, please call the Conservatory at (410) 396-0008 and ask for the Volunteer Coordinator. We will contact you within a month to schedule an orientation at the Conservatory. **Thank you for volunteering!**

Revision date: 7/8/2015