



CAPE FEAR BOTANICAL GARDEN

POST OFFICE BOX 53485 • FAYETTEVILLE, NORTH CAROLINA 28305  
(910) 486-0221 • FAX (910) 486-4209 • TOLL FREE (877) 486-0221 • WWW.CAPEFEARBG.ORG

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Member of Cape Fear Botanical Garden: Y \_\_\_ N \_\_\_

Please indicate areas of interest:

Garden/Horticulture: Grounds \_\_\_\_\_ Construction \_\_\_\_\_ Farmhouse \_\_\_\_\_  
Office: Newsletter \_\_\_\_\_ 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 \_\_\_\_\_

Days of the week available: \_\_\_\_\_  
Time(s) Available: \_\_\_\_\_  
May we call you if we have special projects or events? \_\_\_\_\_

Please list any prior volunteer service:

Where \_\_\_\_\_ When \_\_\_\_\_  
Position/Duties: \_\_\_\_\_

Please list 2 references:

Name, Address, Telephone

1. \_\_\_\_\_  
2. \_\_\_\_\_

*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.*

**Signature: Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**To be used 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** \_\_\_\_\_

**Responses to the questions below are requested – but are optional, not required!**

How did you hear about the Cape Fear Botanical Garden?

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What attracted you to be a volunteer at the Botanical Garden?

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

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

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Are you currently employed? If so, where?

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What other hobbies do you enjoy?

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***For office use only***

*Date Received:* \_\_\_\_\_ *Date Contacted:* \_\_\_\_\_ *Action Taken:* \_\_\_\_\_  
*Interview Date:* \_\_\_\_\_ *Start Date:* \_\_\_\_\_ *System Update:* \_\_\_\_\_  
*Notes:* \_\_\_\_\_



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## 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:

Cape Fear Botanical Garden is not responsible for an injury or accident that may occur during my participation as a volunteer in any activity or event. I understand by signing below that I assume full responsibility for any injury or accident that may occur during my participation as a volunteer. I hereby release and hold harmless and covenant not to file suit against Cape Fear Botanical Garden, employees and any affiliated individuals ("releasees") associated with my participation from any loss, liability or claims I may have arising out of my participation, including personal injury or damage suffered by me or others, whether caused by falls, contact with participants, conditions of the facility, negligence of the releasees or otherwise.

\_\_\_\_\_  
**Signature: Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature: Volunteer Coordinator**

\_\_\_\_\_  
**Date**



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## VOLUNTEER EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone number: \_\_\_\_\_

Work number: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### Primary Care Physician:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

### In case of emergency please contact:

*(1st choice)*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

*(2nd choice)* Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_