**Volunteer Application Spring/Summer 2021**

Today’s Date:

**Personal Information**

Name:

Address: City: State: Zip:

Home Phone: Work Phone:

Cell Phone: Email:

Why are you interested in volunteering? ☐Personal interest ☐ Educational Internship

☐ Community Service Hours ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_over 18 \_\_\_\_under 18

Do you have a valid driver’s license?

Do you have a car available for use while volunteering?

**Experience and Education**

*Note: training will be provided as needed*

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

**Your Interests at Growing Roots**

How did you learn about Growing Roots? ☐Ad ☐Website/Social Media ☐College/University ☐ Friend/Family

☐Current Volunteer ☐Other *Please specify* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which opportunities do you wish to further explore: ☐ Direct Care/Supervision of participants ☐ Gardening ☐ Put me wherever I’m needed!

☐Other *Please specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours per week do you want to volunteer?

What is your availability?

Please indicate the time frames that you are available on each day. This does not mean that you will be signed up for all of those times.

Garden Volunteers:

Monday - \_\_\_\_\_ to \_\_\_\_\_\_

Tuesday - \_\_\_\_\_ to \_\_\_\_\_\_

Wednesday - \_\_\_\_\_ to \_\_\_\_\_\_

Thursday - \_\_\_\_\_ to \_\_\_\_\_\_

Friday - \_\_\_\_\_ to \_\_\_\_\_\_

Saturday - \_\_\_\_\_\_ to \_\_\_\_\_\_

Volunteers working directly with participants:

Wednesday - \_\_\_\_\_\_ to \_\_\_\_\_\_

Thursday - \_\_\_\_\_\_ to \_\_\_\_\_\_

Friday - \_\_\_\_\_\_ to \_\_\_\_\_\_

Saturday - \_\_\_\_\_\_ to \_\_\_\_\_\_

Interest and/or Skills you would like to use while volunteering:

Do you have any special needs or restrictions we should be aware of (including dietary restrictions)?:

**Criminal History**

All volunteer positions require a Criminal History check. Have you ever been convicted of a felony? ☐Yes ☐No

If yes, explain.

*Growing Roots considers applicants for internships/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Manager.*

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| **AUTHORIZATION AND AGREEMENT BY APPLICANT** |
| 1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program. 2. I consent to having Growing Roots complete a criminal background check prior to volunteering.   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature (required if less than 18 years of age) Date** |
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