

# Clark Gardens

BOTANICAL PARK

## Volunteer Application Form

Please Print

Date: \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last Name First Name Month/day

Address: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Street

\_\_\_\_\_ City State zip code

Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell work

Email address (please print clearly): \_\_\_\_\_

Are you a student? Yes \_\_\_ No \_\_\_ Do you need class credit? \_\_\_\_\_

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Skills, interests, and training: Please list any skills, hobbies, interests, or experience that you feel would benefit your volunteer efforts at Clark Gardens.

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I would like to volunteer in the following areas: (Training will be provided by the Clark Gardens staff members. No experience necessary.)

- |                             |   |                      |
|-----------------------------|---|----------------------|
| _____ Tour Guide            | _____ Garden Greeter/<br>Admissions Booth | _____ Office Work    |
| _____ Scrapbooking          | _____ Education Programs                  | _____ Special Events |
| _____ Engraving/Sign Making | _____ Gift Shop                           | _____ G-Scale Trains |

My preferred day to work: Please circle Sun Mon Tues Wed Thurs Fri Sat  
My preferred time to work: Please circle Mornings Afternoons Evenings (special events only)

\_\_\_\_\_  
Signature

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Emergency Contact: Name Relationship Phone Number

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Please return form to: Clark Gardens Botanical Park; PO Box 276; Mineral Wells, TX 76068 or fax to 940.682.4078