

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? _____

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

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/ 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

Emergency Contact: Name Relationship Phone Number

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