



Volunteer Application Form

Thank you for applying to the Mt. Cuba Center volunteer program. The information that you provide will help us match you to volunteer opportunities. Please print clearly. If you have any volunteer program questions, please contact: Julia Lo Ehrhardt at (302) 239-4244 ext 234 or jehrhardt@mtcubacenter.org.

Name:		Application Date:
Address:		
Daytime phone:	Cellular:	Email:

Tell us about yourself:

a. Education: Please circle the highest completed level.

High School 1 2 3 4

College 1 2 3 4

Graduate School 1 2

Other, please state:

b. Volunteer or Work Experience:

Name of Organization or Company	Job title (or task)	Duration (most recent first)	Reason for leaving

c. List your hobbies and interests.

d. Tell us about any horticultural or botanical interests, training or experience.

e. Are there any health issues that you would like us to consider as we assign tasks to you?

No

Yes, please explain:

f. Have you ever been convicted of a crime other than a traffic violation?

No

Yes, please explain:

Your Volunteer Interest:

Please rank the volunteer opportunities that you are most interested in. "1" as the most desirable and "8" as the least.

- Dogwood Path and West Slope ___ Meadow ___ Entrance Landscape ___
- Pond Garden ___ Trial and Rockwall Garden ___ Plant Records ___
- Woods Path Garden ___ Formal Garden ___

Your Availability:

a. What day(s) and time(s) do you prefer to volunteer at Mt. Cuba Center?

- Mondays AM or PM Tuesdays AM or PM Wednesdays AM or PM
- Thursdays AM or PM Fridays AM or PM

b. When is the earliest date that you can start as a volunteer? _____

Your References:

Please provide us with three references.

Name	Contact Number	Relation

Other:

How did you learn about our volunteer program?

- Continuing Education Brochure Friend Other, please state:
- Mt. Cuba Center Staff From Work
- Wildflower Celebration On a Garden Tour

Please read and sign this statement: I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that any false statements or misrepresentations on this application may jeopardize my application and my ability to serve as a volunteer. I authorize this company to check my references.

Signature: _____ Date: _____

Upon completion of this form, please send it to: Volunteer Program, Mt. Cuba Center, PO Box 3570, Greenville, De 19807-0570

Office Use Only:

Reviewed by: _____ Date: _____ Notes: _____

Phone Date: _____

Interview Date _____ with _____

Start Date _____ with _____