



# LAKEWOLD GARDENS VOLUNTEER APPLICATION FORM

Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_

ST: \_\_\_\_\_

ZIP: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_

Cell phone: (        ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_

Telephone: (        ) \_\_\_\_\_

Relation: \_\_\_\_\_

**Please indicate your area(s) of interest from the following options:**

\_\_\_\_\_ Docent (Tour Guide)

\_\_\_\_\_ Beautiful Tables Showcase

\_\_\_\_\_ Garden Volunteer

\_\_\_\_\_ Garden/Home Show Representative

\_\_\_\_\_ Office Volunteer (Mailings)

\_\_\_\_\_ Committee Member (interview required)

\_\_\_\_\_ Community Kid's Day

Other activities I would like to volunteer for: (Suggestions are welcome.)

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Activities I am definitely **not** interested in doing:

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How did you hear about Lakewold Gardens?

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“As we become more and more city creatures, living in man-made surrounding, perhaps gardens will become even more precious to us, letting us remember that we began in a garden.” *Eulalie Wagner 1904-1991*



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## Availability

I am available on a: Regular Basis \_\_\_\_\_ One time projects \_\_\_\_\_ Various times \_\_\_\_\_

*Place a mark in the square to indicate a time you are available.*

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Which months do you anticipate being able to volunteer?

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**Please include any skills or talents that you bring to your role as a volunteer.**

Certification:

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Education/Training:

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Skills/Interests:

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Past Volunteer Experience:

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Other:

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Allergies/Physical Limitations:

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## Volunteer Release Statement

As a condition of my participation in the Lakewold Gardens Volunteer Program, I hereby release Lakewold Gardens and its agents, associates, and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

I have read and accept the Lakewold Gardens release statement.

Signature:

Date:

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Mail to: Lakewold Gardens, PO Box 39780, Lakewood, WA 98496-3780

Fax to: (253) 584-3021

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