

## UT Gardens Volunteer Application

*Thank you for your interest in the UT Gardens and our Garden Volunteer Program. Please take a moment to answer the following questions. Your answers will help us assure your successful placement in our program. You will not be turned down due to lack of experience in a particular area.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_  
Email \_\_\_\_\_

1. Area(s) of Volunteer Interest (Check all that apply. Note: This is not a commitment.)

<input type="checkbox"/> Garden Work	<input type="checkbox"/> Educational Programs Assistant
<input type="checkbox"/> Greenhouse Work	<input type="checkbox"/> Children's Programs Assistant
<input type="checkbox"/> Garden Tours &/or Talks	<input type="checkbox"/> Special Events
<input type="checkbox"/> Adopt-A-Bed	<input type="checkbox"/> Other: _____

2. Have you visited the UT Gardens before?  Yes  No

3. How did you hear about our volunteer program? \_\_\_\_\_

4. What do you hope to gain from your experiences at the UT Gardens? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you know anyone who is presently a Garden Volunteer? If so, please list their name(s) here \_\_\_\_\_

6. Are you a Master Gardener?  Yes  No

7. Are you a Student seeking Service Learning credit?  Yes  No

8. Strengths and/or skills you feel will enhance your volunteer work (Tell us anything you think we need to know.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Prior Volunteer Experience \_\_\_\_\_
- Educational Background \_\_\_\_\_
- Career Background \_\_\_\_\_

- Do you have experience with special groups? (Check all that apply.)  
 Children    Disabled    Elderly    Teens    Foreign Language  
 Other: \_\_\_\_\_

9. Do you have any physical limitations that we should be aware of?  Yes    No

If yes, please explain \_\_\_\_\_

*(This information will not exclude you from volunteering, but will help us to place you)*

- Are you able to lift at least 25 lbs unassisted?  Yes    No
- Is it okay for you to work in the sun, heat, or light rain?  Yes    No
- Allergy(ies) to  insects    sun    pollen    other: \_\_\_\_\_

10. Please list a reference from another volunteer position or workplace

Name \_\_\_\_\_ Organization \_\_\_\_\_

Phone \_\_\_\_\_ Active Dates \_\_\_\_\_

11. Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

12. When would it be convenient for you to have an orientation? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:  
**UT Gardens Volunteer Coordinator**  
**252 Ellington Plant Sciences Bldg.**  
**2431 Joe Johnson Drive**  
**Knoxville, TN 37996-4500**

**Office Use Only Below**

Date Received \_\_\_\_\_ Follow-up Req'd?  Y    N   Date done, if so \_\_\_\_\_

Orientation Date \_\_\_\_\_ Volunteer Start Date \_\_\_\_\_

Entered in SUPER  Y    N   Email added to vol list?  Y    N   to Constant Contact?  Y    N

Timesheet started  Y    N   Rec'd handbook?  Y    N   Acknowledgment on file?  Y    N

Liability Release on File?  Y    N   Working with kids?  Y    N   Mandatory form on file?  Y    N

Master Gardener?  Y    N   Student?  Y    N

Additional Comments \_\_\_\_\_

\_\_\_\_\_