



Volunteer Application

Name

Telephone

Street Address

Apt. or Room #

City/Town

State

Zip

Email

Reason for completing this application:

- Interested in volunteering
- Need to complete academic requirements
 - Number of Hours _____ Date needed by: _____
- Need to complete community service
 - Number of Hours _____ Date needed by: _____

Please check off the seasons you are available to assist Growing Places Garden Project:

- Spring Summer Fall Winter

Please check off the day(s) you are available to assist Growing Places Garden Project:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you have any limitations that we should know about when assigning tasks?

Growing Places Garden Project relies heavily on volunteers to help with the smooth operation of our services. The following is a list of the volunteer opportunities that will help us the most. Please check any opportunity that you are willing to partner with us in completing:

- | | |
|---|--|
| <input type="checkbox"/> Garden Mentor | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Building/Installing a Garden | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Team Leader for Garden Building/Installation | <input type="checkbox"/> Fundraiser |
| <input type="checkbox"/> Technology Assistant | <input type="checkbox"/> Marketing/PR Assistant |
| <input type="checkbox"/> Volunteer Coordinator | <input type="checkbox"/> Community Liaison |
| <input type="checkbox"/> Driver: Frame, seedlings, compost delivery | <input type="checkbox"/> Intern (staff@growingplaces.org for info) |
| <input type="checkbox"/> Newsletter Coordinator/Contributor | <input type="checkbox"/> Board Member/Ad Hoc Member |

Do you have any other skills or talents that aren't mentioned that might help GP? If so, what are they? _____

Applicant signature

Date