



Office Use Only:  
Entered into database: \_\_\_/\_\_\_/20\_\_\_  
Staff:

## Volunteer Application

*Return completed applications to:  
Growing Places | 500 Main St. | Suite 209 | Clinton, MA 01510*

Date: \_\_\_ / \_\_\_ / 20 \_\_\_

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

Address: \_\_\_\_\_ Apt. or Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Gender (optional): \_\_\_ Male \_\_\_ Female \_\_\_ Other

Age (optional): \_\_\_ 18-29 \_\_\_ 30-39 \_\_\_ 40-49

\_\_\_ 50-59 \_\_\_ 60-69 \_\_\_ 70+

Preferred method(s) of contact:  home phone  
 mobile phone  
 email

Reason for completing this application:

- Interested in volunteering
- Need to complete academic requirements
  - o Number of Hours: \_\_\_\_\_ Date needed by: \_\_\_\_\_
- Need to complete community service
  - o 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 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"/> Graphic Designer        |
| <input type="checkbox"/> Frame Builder                             | <input type="checkbox"/> Translator              |
| <input type="checkbox"/> Garden Installer                          | <input type="checkbox"/> Technology Assistant    |
| <input type="checkbox"/> Product Delivery Driver: frames/seedlings | <input type="checkbox"/> Board Member            |
| <input type="checkbox"/> Office Assistance                         | <input type="checkbox"/> Ad Hoc Committee Member |
| <input type="checkbox"/> Newsletter Contributor                    |  |

Do you have any other skills or talents that are not mentioned that might help GP? If so, please explain.

**Growing Places keeps all information private and confidential. Thank you for your interest in volunteering with Growing Places!**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date