



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

E-mail: _____

Emergency Contact Name: _____ Phone Number: _____

Are you 18 or older? Yes No

Are you 14-18 Yes No

If you are between the ages of 14 and 18, please complete the Missouri Botanical Garden "Parent/Legal Guardian Consent Form" and return with your completed application

Education: Circle last year completed:

Grades: 8 9 10 11 12

College: 1 2 3 4

Graduate/Post Graduate School: 1 2 3 4

Other: _____

List skills/hobbies/interests/training which may assist you in your volunteer activities:

Are you currently employed? Yes No

Employer's Name: _____

Position Held: _____

Have you ever been a MBG employee or volunteer? Yes No

If yes, when and in what capacity? _____

Current or previous volunteer experience: _____

Are there any volunteer activities you must avoid? _____

Why are you interested in becoming a volunteer for MBG? _____

Have you ever been convicted of a criminal felony? Yes No

If yes, please explain the nature of the crime and the date of the conviction and disposition. A conviction is not an automatic bar to volunteer service. Each case will be considered on its own merits. _____

How did you hear about us? _____

Availability: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

What times do you prefer? Morning Afternoon Evenings/Special Events

Statement of Understanding

By signing, I have read and understand the requirements for becoming a Missouri Botanical Garden volunteer stated on the reverse side.

Signature _____ Date _____

Complete and mail your application to: Missouri Botanical Garden, Volunteer Program Office, P.O. Box 299, St. Louis, MO 63166-0299

Preferred Volunteer Location:

Time commitment requirements vary.

(Internships may be available as well.)

Missouri Botanical Garden (main campus)

- Education
 Horticulture
 Membership Services Desk
 Office Assistance
 Publications/Media
 Retail
 Science & Conservation (computer-related)
 Special Events
 Trade

Sophia M. Sachs Butterfly House

- Bug Bureau of Investigation
 Craft Saturday and Special Events
 Docent
 Gift Shop
 Guest Services
 Horticulture

EarthWays Center

- Education

Gateway Greening

- Community Outreach Horticulture

Litzinger Road Ecology Center

- Horticulture
 Outdoor Educator

Shaw Nature Reserve

- Building Maintenance
 Ecological Management
 Horticulture
 Teacher Naturalist
 Tour Guide
 Trail Maintenance
 Visitor Center

Prospective Volunteer Profile

To help the Volunteer Program with our internal record management and planning, please provide the information requested. Your participation is strictly voluntary. The demographic information you provide will be used for tracking and reporting purposes, and used only as part of a compilation of the full program, with no personal identifying information associated. To ensure confidentiality of this voluntary information, we will maintain this information strictly within the volunteer program office and separately from your volunteer application.

Gender: Male Female

Birth Year: 1947 or before 1948-1966 1967-1982

1983-1992 1993 or after

Education (highest level achieved): _____

Race: _____

Disabled: _____

Garden Member: Yes No

Statement of Understanding This is an application to serve as a volunteer with the Missouri Botanical Garden. Volunteers are not employees of the Garden and do not receive monetary compensation. All qualified volunteer applications will receive consideration without regard to race, color, sex (including pregnancy, childbirth, or related medical conditions), religion, national origin, citizenship, age, sexual orientation, disability, veteran status, marital status, or any other basis prohibited by law. If accommodation assistance is needed to complete this application and/or volunteer application process, please contact the Volunteer Program Office (314) 577-5187.

The information in this application is true and complete and I have not knowingly withheld any information. I understand that misrepresentations or omissions may be cause for my immediate rejection as a volunteer applicant or my termination as a volunteer. I authorize verification of all information contained in this application. As a volunteer of the Missouri Botanical Garden, I agree to follow all Garden guidelines and policies. I am aware that the Garden has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

I recognize that the Garden may record, film, photograph, audiotape, or videotape my name, image, likeness, or volunteer work, and I grant permission to the Garden to display, publish, distribute, or exhibit such for purpose of and in connection with any material that may be created by the Garden.

As consideration for the Garden's decision to allow me to serve as a volunteer for the Garden, I hereby fully and forever release and discharge the Garden, its affiliates, members, directors, officers, employees, agents, and representatives (collectively, the "Releasees") from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorneys' fees) **that are caused by negligence or fault on the part of any of the Releasees** in connection with my volunteering with the Garden or as a result of or during any of the Releasees' administering of first aid or seeking of medical care for me. Furthermore I agree that this Form shall be governed in every respect by the laws of the State of Missouri. This release of liability does not purport to release the Releasees from liability for intentional torts, gross negligence, or activities involving the public interest.

I understand the Garden is a smoke-free environment.