

VOLUNTEER INFORMATION FORM

The Botanical Gardens at Asheville

Name: _____ Date: _____

Address _____
Street City State Zip

Phone _____ / _____ Email _____
Day Evening

Education _____ Present Occupation _____

Date of Birth (Day/Month): _____

Former Work Experience (paid or volunteer)	Work Expertise/Skills
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Special Skills – describe

<input type="checkbox"/> Accounting _____	<input type="checkbox"/> Marketing _____
<input type="checkbox"/> Art _____	<input type="checkbox"/> Advertising _____
<input type="checkbox"/> Carpentry _____	<input type="checkbox"/> Computers _____
<input type="checkbox"/> Plumbing _____	<input type="checkbox"/> Graphics _____
<input type="checkbox"/> Teaching: <input type="checkbox"/> Adults <input type="checkbox"/> Youth <input type="checkbox"/> Children	
<input type="checkbox"/> Writing: <input type="checkbox"/> Newsletter <input type="checkbox"/> Research <input type="checkbox"/> Website	
<input type="checkbox"/> Other _____	

How did you hear about the BGA and its need for volunteers? _____

Are you a member of the BGA? _____ If no, may we send membership information? _____

Availability: Regular basis Yes No Preference: Day(s) of week _____ Hours _____

Interests: Please rate 1 (highest) to 6 (lowest)

___ Garden Shop Receptionist. Greet guests, give brief introduction to BGA. Sell items in shop.

___ Gardens maintenance. Mostly weeding and removal of invasives.

___ Education.

___ Facility and Grounds Maintenance. Build or repair structures, plumbing, painting, etc.

___ Other (please describe) _____