



Volunteer Application Form

Thank you for applying to the Mt. Cuba Center volunteer program. The information that you provide will help us match you to volunteer opportunities. Please print clearly. If you have any volunteer program questions, please contact: Julia Lo Ehrhardt at (302) 239-4244 ext 234 or jehrhardt@mtcubacenter.org.

Name:		Application Date:
Address:		
Daytime phone:	Cellular:	Email:

Tell us about yourself:

a. Education: Please circle the highest completed level.

High School 1 2 3 4

College 1 2 3 4

Graduate School 1 2

Other, please state:

b. Volunteer or Work Experience:

Name of Organization or Company	Job title (or task)	Duration (most recent first)	Reason for leaving

c. List your hobbies and interests.

d. Tell us about any horticultural or botanical interests, training or experience.

e. Are there any health issues that you would like us to consider as we assign tasks to you?

No

Yes, please explain:

f. Have you ever been convicted of a crime other than a traffic violation?

No

Yes, please explain:

Your Volunteer Interest:

Please rank the volunteer opportunities that you are most interested in. "1" as the most desirable and "8" as the least.

Dogwood Path and West Slope __	Meadow __	Entrance Landscape __
Pond Garden __	Trial and Rockwall Garden __	Plant Records __
Woods Path Garden __	Formal Garden __	Production __

Your Availability:

a. What day(s) and time(s) do you prefer to volunteer at Mt. Cuba Center?

- | | | |
|---|--|--|
| <input type="checkbox"/> Mondays AM or PM | <input type="checkbox"/> Tuesdays AM or PM | <input type="checkbox"/> Wednesdays AM or PM |
| <input type="checkbox"/> Thursdays AM or PM | <input type="checkbox"/> Fridays AM or PM | |

b. When is the earliest date that you can start as a volunteer? _____

Your References:

Please provide us with three references.

Name	Contact Number	Relation

Other:

How did you learn about our volunteer program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Continuing Education Brochure | <input type="checkbox"/> Friend | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Mt. Cuba Center Staff | <input type="checkbox"/> From Work | |
| <input type="checkbox"/> Wildflower Celebration | <input type="checkbox"/> On a Garden Tour | |

Please read and sign this statement: I certify that the information I have provided on this application is correct to the best of my knowledge. I understand that any false statements or misrepresentations on this application may jeopardize my application and my ability to serve as a volunteer. I authorize this company to check my references.

Signature: _____ Date: _____

Upon completion of this form, please send it to: Volunteer Program, Mt. Cuba Center, PO Box 3570, Greenville, De 19807-0570

Office Use Only:

Reviewed by: _____	Date: _____	Notes:
Phone Date: _____		
Interview Date _____	with _____	
Start Date _____	with _____	