

ASU Ground Services/Arboretum Volunteer Application

Thank you for your interest in our campus Arboretum and the Volunteer Program. Please take a moment to answer the following questions. Your answers will help us assure your successful placement in our program.

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: (Hm) _____ (Work/Cell) _____

Email _____

Areas of Volunteer Interest (Check all that apply. Note: This is not a commitment.)

- | | |
|---------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Organic Gardening | <input type="checkbox"/> Watering Planters |
| <input type="checkbox"/> Garden Maintenance | <input type="checkbox"/> Pruning |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Harvesting Campus Produce | |
| <input type="checkbox"/> Garden Tours | |
| <input type="checkbox"/> Educational Talks | |
| <input type="checkbox"/> Plant Records and Labels | |
| <input type="checkbox"/> Publicity | |
| <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Newsletter Articles | |
| <input type="checkbox"/> Flower Beds | |
| <input type="checkbox"/> Cactus | |
| <input type="checkbox"/> Succulents | |
| <input type="checkbox"/> Roses | |
| <input type="checkbox"/> Herb Garden | |
| <input type="checkbox"/> Zen Garden | |
| <input type="checkbox"/> Secret Garden | |
| <input type="checkbox"/> Desert Arboretum | |
| <input type="checkbox"/> Trees | |
| <input type="checkbox"/> Hanging Baskets and Containers | |
| <input type="checkbox"/> Turf & Groundcover | |
| <input type="checkbox"/> Arboretum Trail Maintenance | |
| <input type="checkbox"/> Irrigation/Water Audits | |

Are you able to commit to volunteering: 100 75 50 25 other_____ hours per year at ASU Arboretum?
Do you have any physical limitations? Yes No If yes, please explain:

Are you able to lift at least 40 lbs unassisted? Yes No
Is it okay for you to work in the sun, heat, or light rain? Yes No
Do you have allergies to: insects sun pollen other _____?
Volunteer strengths and/or skills (Tell us anything you think we need to know).

Prior Volunteer Experience:

Educational Background:

Career Background:

How did you hear about our volunteer program?

What do you hope to gain from your experiences at ASU Arboretum?

Do you know anyone who is presently an ASU Arboretum Volunteer? If so, please list their name:

Please list a reference from another volunteer position or workplace:

Name _____ Organization _____

Phone _____ Employment _____

Dates _____

When would it be convenient for you to be interviewed? _____

Signature _____ Date _____

Person to notify in case of emergency: Name _____

Phone _____ Relationship _____

Please return this application to:

ASU Grounds Services/Arboretum Volunteer Coordinator
University Services Building
PO Box 875112
Tempe AZ 85287-5112

Phone: (480)268-4165 Fax: (480)956-9470