



Date: _____

Volunteer Application

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____ Date-of-Birth* _____

Areas of Interest

Please check any areas of interest. Please note that volunteer opportunities vary throughout the year and may not always be available in the areas you select.

Agriculture/Gardening/CSA Education Programs Taste of the Earth Special Events
 Annual Plant Sale Administration/ Organizational Support

Would you be interested in serving on one of our Board Committees? Please check any committees of interest:

Taste of the Earth Marketing/Communications Finance Advancement
 Education CSA/Gardens Board Development Ecosystems

Please tell us briefly why you would like to volunteer at Crown Point:

Availability

Each department has volunteer opportunities at different times and opportunities on weekends and evenings may be limited. Each volunteer shift typically lasts 2-4 hours. Please specify the day(s) and times(s) that are best for you.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00-12:00 PM						
1:00-4:00PM						

Other Availability _____

Skill Areas

Please check any knowledge, skills, abilities, and/or experience you possess to help us match you with volunteer opportunities.

Administration/Organizational Support

- Clerical Computer/Database Programming Data/Word Entry Processing Filing
 Grant Development Fundraising Fundraising Events Facilitation Web Site Development
 Sales/Cashier Desktop Publishing Public Speaking Graphic Design
 Public Relations Writing/Editing Strategic Planning Other _____

Agriculture/Farming

- Organic Gardening Beekeeping Animal Husbandry Pest Management Field Work- Weeding
 Field Work- Harvesting Field Work- Planting Transplanting Other _____

Education Programs

- Teaching/Instruction (Grades/Age level) _____ Classroom Aide Tutoring
 Troop/Youth Club Leader Environmental Education Science Instruction Art/Craft Instruction
 Music Instruction Outdoor Ed. Food Sciences Other _____

Land Management

- Landscaping Mowing/Trimming Carpentry Painting Plumbing Electrical repair
 Tractor/Small Equipment Operation

Volunteer Experience

<i>Organization</i>	<i>Dates of Service</i>	<i>Tasks/Responsibilities</i>

Any Health Concerns or Medical Limitations we should be aware of? _____

Emergency Contact

First Name: _____ Last Name: _____

Contact Phone: _____

Have you ever been convicted of a crime (not including traffic violations)*? Yes No

If yes, please state the nature of the crime and when it occurred: _____

*Please note: A conviction record may impact volunteer opportunities available to you at Crown Point. Factors such as age and seriousness of the crime will be considered on a case by case basis as it relates to the volunteer position.

BCI Background checks are required for all volunteers who will be interacting with children. **Do you consent to this procedure?**
 Yes No