



Civic Garden Center
of Greater Cincinnati

"Building Community Through Gardening"

VOLUNTEER INFORMATION FORM

Today's Date: ___/___/___ Year you began volunteering at Civic Garden Center: ___

Name: (Mr./Mrs./Ms./Miss) _____

Street _____ City _____ State _____ Zip _____

Previous Address (if less than six months at this address) _____

Home Phone _____ Work Phone _____

E-mail address _____ Cell Phone _____

Birthdate (month and day) ___/___ Age (only if under 18) _____

Who should we contact if there is an emergency:

Contact _____ Relationship _____ Phone _____

Doctor _____ Phone _____

Medical issues we should know about: (allergic reactions, diabetes, etc.) _____

Work Experience:

Are you presently: Working full time _____ Working part time _____ Retired _____
Student _____ Homemaker _____

Current work position: _____ Employer: _____

Previous Position: _____ Employer: _____

Current and previous Volunteer Experiences: _____

Civic Garden Center of Greater Cincinnati * 513.221-0981
2715 Reading Road, Cincinnati, OH 45206 * www.civicgardencenter.org

EDUCATION: Indicate your level of education: High School _____ College _____

Graduate School _____ Currently attending the following college _____

Degree or Field of Study _____

Other training/leadership experience: _____

VOLUNTEER PROGRAM INFORMATION:

How did you hear about our volunteer opportunities? (Master Gardeners, newspaper, CGC newsletter, special event, friend, other) _____

Please indicate how often you would like to volunteer:

Weekly _____ Monthly _____ Special Events _____ Flexible _____

Please indicate the best time for you to volunteer:

Weekdays _____ Saturday or Sunday (limited need) _____

Morning _____ Afternoon _____ Evening (limited need) _____ Off site/own time _____

Please indicate your volunteer interests:

Gardening/Landscaping

___ Neighborhood Gardens (off site)

___ shade gardening

___ herbs

___ wild flowers

___ container gardens

___ trees/shrubs

___ perennials/annuals

___ garden design

___ composting/ organic gardening

___ garden installation/tending

Research

___ library science

___ Horticulture Hotline

Technical/Facilities

___ carpentry

___ wood working

___ painting

___ mechanical

___ plumbing

___ masonry

___ construction of garden structures

Youth Education

___ Summer Sprouts Mentor

___ children's garden maintenance

___ lesson plan development

___ Compost Kids' Educators

___ teach classes to kids

Working with people

- ___phones/greeting guests
- ___chair a committee
- ___public relations/marketing
- ___fund raising
- ___staff traveling exhibit
- ___presentations/teach classes
- ___photography
- ___garden tour docent

Office

- ___computer/data entry
- ___writing/editing
- ___assembling mailings
- ___calligraphy
- ___grant writing

What other skills would you like to share with us?

References: Please list two references other than relatives:

1. Name _____ phone _____
Relationship _____
2. Name _____ phone _____
Relationship _____

Please say a few words about your reasons for volunteering with the Civic Garden Center and what you hope to receive from the experience:

I, _____, the undersigned, authorize the Civic Garden Center of Greater Cincinnati to conduct whatever background check may be deemed appropriate (including contacting my references and conducting a routine police check)

Signature Date

If you plan to work with children, please list your _____
Social security number

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