

The Crosby Arboretum

Volunteer Application

Name			
Address			Apt. Number
City	State		Zip Code
Home Telephone	Mobile Telephone		Year of Birth (for demographic purposes only)
			Are you 18 years of age or older? Yes No
Email Address		The Crosby Arboretum will maintain frequent communication with volunteers via email, including sending the Volunteer Newsletter and last minute updates.	
*Have you previously volunteered at T	The Crosby Arboretum? \Box Y	es 🗆 No	Are you an Arboretum Member? Ves No
*If yes, please indicate dates of pre	vious service.		

*Please list any relevant skills, degrees or certifications (computer, photography, library, horticultural [plant propagation/greenhouse/nursery], customer service, tours, teaching, supervising, grants, etc.)

Where did you hear about The Crosby Arboretum Volunteer Program?

Do you have any special needs or health conditions we should be aware of?

 AREAS OF INTEREST (check all that apply): Not listed?

 Children's Education
 Retail Sales
 Docent
 Horticulture
 Special Events

 Visitor Info./Ticket booth
 Library
 Clerical
 Image: Sales
 Image: Sales

SCHEDULE	Tue AM	Wed AM	Thu AM	Fri AM 🗆	Sat AM	Sun AM
AVAILABILITY	PM 🗆	PM 🗆	$PM \square$	PM 🗆	PM 🗆	PM 🗆

REFERENCE

Name	
Address	
Daytime Phone Number	Relationship

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name	
Address	
Daytime Phone Number	Relationship

Have you ever been convicted of a crime in this state or elsewhere (not including traffic and parking violations)?

 \Box Yes \Box No

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account).

The following information	s for statistical purposes only and	is optional:	Gender-Male	Female
Race:	Disabled:	Education (high	est level):	

All personal information for Crosby Arboretum reference only. All information is confidential. Mississippi State University and Crosby Arboretum are not responsible for any injuries that may occur going to, onsite or going home from Crosby Arboretum. An application does not automatically guarantee a spot in our Volunteer Program.

Date	Applicant Signature
Comments (below for internal use only)	
Received by:	Date:

Please return this form to Kim Johnson,Volunteer Cordinator, The Crosby Arboretum By email: <u>kim.johnson@msstate.edu</u> Fax: 601-799-2372 Or by mail: P.O. Box 1639 Picayune, MS 39466