

**Availability** 

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Name:						
Mailing Address City:	<u>;</u>		State:	Zip:		
City.			State.			
Contact Number:			Second Con	Second Contact Number:		
Email:						
				Are you a member of The Crosby		
Are you over 18?			Arboretum	Arboretum?		
Do you have any	special needs or heal	th conditions we sho	uld be aware of?			
Areas of interests	 5:					
Clerical Plan			: Sales	Tour Guid	le	
Customer Service/Greeter Programs						
Horticulture Site Maintenance						
Library Special Events						
Any special interest that may not be listed?						
	•					
Schedule	Wednesday	Thursday	Friday	Saturday	Sunday	

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Reterence:	
Name:	
Contact Number:	Relationship:
Emergency Contact:	
Name:	
Contact Number:	Relationship:
·	te or elsewhere (not including traffic & parking ensideration as a volunteer and factors such as age and iolations, and rehabilitation will be taken into account.
The following is for statistical purposes only.	
Gender:	Date of Birth:  Month Day Year
Race: Asian: Black Caucasian Other	Education: (Highest Level)
State University and The Crosby Arboretum are not	is for reference only. All information is confidential. Mississippi responsible for any injuries that may occur going to, onsite, or ation does not guarantee a spot in our volunteer program.
Printed Name:	Signature:
Date:	
Please return to: Sherri Lowe, Office Associate @ The Crosby Arboret Email: s.lowe@msstate.edu or pat.drackett@msst Mailing Address: P.O. Box 1639 Picayune, MS 39466	

Mississippi State University does not discriminate on the basis of race, color, national origin, sex, age, disability, or veteran status.

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