

Volunteer Application

Personal Information:

Date: _____

Name (circle one): Ms. Mrs. Mr. _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Business: _____ Cell Phone: _____

Email address: _____ Birth date (year optional if over age 18): _____

What is your preferred method of communication? (Please circle one)

Home phone

Business phone

Cell phone

Email

You must be at least age 17 to volunteer. If you are under age 18, you must provide parental/guardian consent:

I authorize my child to volunteer at Old Westbury Gardens _____

Signature of Parent/Guardian

Date

Occupation and/or Education:

Circle highest level grade completed: 8 9 10 11 12 College (years or degrees completed) _____

Current Occupation: _____ Full or Part-time: _____

Current Employer: _____

If you are a student, what school do you attend? _____

If you are retired, what was your former occupation? _____

Volunteer Interests:

Have you ever been to Old Westbury Gardens? _____ Are you a member? _____

Why do you want to volunteer?

How did you hear about this program? _____

Which of the following areas are you interested in participating?

(Please indicate preference, "1" being the first choice)

Docent (age 18+ only) _____

Gardener _____

Gift Shop _____

Plant Shop _____

Reception (age 18+only) _____

Clerical _____

Public Programs _____

Please indicate the days and hours you are able to volunteer:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

What date can you start? _____

Other Volunteer Experience/Skills:

Have you done any other volunteer work? _____

If so, where, when, how long, and what was your position?

List any special skills, interests, hobbies, or training:

Do you speak, read, or write in any foreign languages? _____

(Continued on Back)

Gardeners: Do you consider yourself (circle one):

Beginner

Intermediate

Advanced Gardener

Are you able to work in hot, sunny weather? _____

Do you have any physical limitations that we should know about? _____

Docents:

Do you feel comfortable in front of groups? _____

Are you specially trained to work with any physically/mentally challenged groups? _____

If yes, how? _____

Gift Shop/Plant Shop:

Have you ever operated a cash register? _____

If yes, where, when, how long, and what was your position?

Do you have any knowledge of plant care? _____

If yes, how? _____

Clerical:

Do you have office experience? _____

If yes, where, when, how long, and what was your position?

Do you type? _____

Do you have computer skills? _____

Are you familiar with (circle all that apply):

Microsoft Word Internet Explorer Raiser's Edge PCs Macs Microsoft Excel Microsoft Outlook

Reference Information:

List 2 references:

1) Name: _____ Occupation: _____

Phone: _____ Email address: _____

Relationship: _____

2) Name: _____ Occupation: _____

Phone: _____ Email address: _____

Relationship: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Telephone: Home: _____ Business: _____ Cell Phone: _____

Address: _____ Email: _____

Have you ever been convicted of a crime that has not been expunged or pardoned, other than minor traffic violation? _____ If yes, please explain: _____

(A conviction will not necessarily preclude your volunteering. This information will be used only for volunteer-related purposes and only to the extent permitted by applicable law.)

Social Security #: _____ - _____ - _____ (This information is strictly confidential. All volunteers are covered under New York State Workman's Compensation. It is for this reason only that we ask all volunteers to provide their Social Security Number.)

Please return this application to:

Angela Savino

Volunteer Coordinator

Old Westbury Gardens

P.O. Box 430

Old Westbury, NY 11568

Phone: (516) 333-0048 ext.310 Fax: (516) 333-6807