



**We Inspire Individuals and Communities
Through the Power of Plants**

Volunteer Application Form

Date: _____

Contact Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cellular Phone	
Email Address	
Date of Birth	
Occupation/Place of employment	
Employer has grant program for volunteer hours	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education (level, degree, or area of study)	
Current School, Grade, and/or level	
Other volunteer experiences (past and/or current)	
How did you learn about DCH?	
Are you a DCH member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive membership information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any physical or medical conditions or restrictions, (including allergies, medications, etc.) in case of emergency.	

Person to Notify in Case of Emergency

Name	
Relationship	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Cellular Phone	
Email Address	
Physician Name	
Physician Phone Number	

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Monday:	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> all day
<input type="checkbox"/> Tuesday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> all day
<input type="checkbox"/> Wednesday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> all day
<input type="checkbox"/> Thursday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> all day
<input type="checkbox"/> Friday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> all day
<input type="checkbox"/> Saturday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon	<input type="checkbox"/> all day

Special Skills or Qualifications

Please share with us any special skills or qualifications you might have. Let us know why you would like to volunteer for DCH. Include other volunteer jobs, special interests, hobbies or previous employment.

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Volunteer Opportunities

Please check off all areas of interest:

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Mailings (Throughout the year)
Weekdays | Fold, stuff, & stamp |
| <input type="checkbox"/> | Community Garden Volunteer (Spring, Summer & Fall) | Weeding, mulching, general clean up |
| <input type="checkbox"/> | Photograph Events/DCH Grounds (Various dates) | Need digital camera |
| <input type="checkbox"/> | Lecture registration (January-March)
Evenings | Check-in registrants, collect payment,
attend lecture for free |
| <input type="checkbox"/> | Secret Garden Volunteer (every other Friday
9 to noon) | Work with preschool children at Ministry of
Caring Daycare in classroom and children's
Community Garden |
| <input type="checkbox"/> | Grounds Garden Volunteer | Tend gardens at TheDCH facility. |
| <input type="checkbox"/> | Arbor Day Volunteer (Weekday in April) | Help staff with Arbor Day activity at local park;
help plant trees and educate school children |
| <input type="checkbox"/> | Tree Plantings (Spring & Fall)
Saturdays | Dig holes, plant, stake and water trees |
| <input type="checkbox"/> | Special Events Representative (Various dates) | Man booth at various special events |
| <input type="checkbox"/> | Rare Plant Auction Volunteer | Plant moving, plant set up, research |
| <input type="checkbox"/> | Flyer/Brochure Distributor (Quarterly dates) | Distribute flyers and information around town
for upcoming events, etc. |
| <input type="checkbox"/> | Tree Steward | Serve as an advocate for trees and assist
with advancement of Urban Forestry |

Have you ever been convicted of or plead guilty to any crimes? Yes No

If yes, explain:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of DCH to provide equal opportunities without regard to race, color, religion, sex, age, marital status, or disability.

Thank you for completing this application and for your interest in volunteering with us.

Please return this form to:

Marcia Stephenson
Donor Relations Manager
The Delaware Center for Horticulture
1810 North Dupont Street
Wilmington, DE 19806
302-658-6262 ext. 105
302-658-6267 fax
mstephenson@thedch.org
www.thedch.org

For Office Use Only

Application Received Date	
Interview Date	
Start Date	
Assignment	
Supervisor	
Notes	