



LAKEWOLD GARDENS VOLUNTEER APPLICATION FORM

Today's Date _____

Name: Last _____ First _____ MI _____

Address: _____

City _____ State _____ Zip _____

In case of emergency notify: _____

Phone: _____ Relationship _____

Occupation: _____ Employer: _____

Telephone number including area code: _____

Cell phone: _____

E-mail address: _____

Please rank the following volunteer activities according to your interest level.

The #1 indicates the highest level of interest

_____ Docent (Tour guide)

_____ Greeter for our special events

_____ Garden Volunteer

_____ Garden Show Representative

_____ House Docent

_____ Committee Member (interview required)

_____ Office Volunteer (Mailings)

Other activities I would like to volunteer for: (Suggestions are Welcome)

Activities I am definitely **not** interested in: _____

Frequency of Availability: Regular Basis _____ One time projects _____ Various time _____

Time availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning _____

Afternoon _____

Evening _____



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What months do you anticipate being able to volunteer? _____

Please include any skills or talents that may contribute in your role as a Lakewold Gardens volunteer.

Certification: _____

Education/Training: _____

Skills/Interests: _____

Past Volunteer Experience: _____

Other: _____

Allergies/Physical Limitations: _____

Volunteer Release Statement

As a condition of my participation in the Lakewold Gardens Volunteer Program, I hereby release Lakewold Gardens and its agents, associates and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

I have read and accept the Lakewold Gardens release statement.

Signature _____ Date: _____

Please mail to: Lakewold Gardens
P.O. Box 39780
Lakewood, WA 98496-3780