



3535 Jarrettsville Pike  
Monkton, Maryland 21111  
410-557-9570

**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI Preferred Name

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Education:**

High School \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

**Employment:**

Past  Present Most Recent Employer: \_\_\_\_\_

Occupation \_\_\_\_\_

Nature of Business \_\_\_\_\_

**Volunteer Experience:**

Have you ever volunteered? If so, where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and Training:**

List any course work, training, or experience that may be applicable (for example: first aid or EMT Courses):

\_\_\_\_\_  
\_\_\_\_\_

**Preferences:**

Indicate areas of interest for volunteering. Please check all that apply.

- Butterfly House
- Children's Education
- Flower Arranging
- Garden Docent
- Garden Maintenance
- House Docent
- Nature Walk Maintenance
- Office Administration
- Special Events

**Availability:**

- |                                    |                             |                             |
|------------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> am | <input type="checkbox"/> pm |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> am | <input type="checkbox"/> pm |

**How did you hear about our Volunteer Program?**

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**References (please provide name and phone number for 2 persons not related to you):**

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**Emergency Contact:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of a crime, other than minor traffic violations, in this state or elsewhere?  Yes  No

If yes, please explain \_\_\_\_\_  
(A conviction does not automatically exclude you from consideration for volunteering).

I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

It is the intent of Ladew Gardens to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, race, religion, national origin, physical disability, or any other factor.

Thank you for taking the time to fill out this application. Once received, you will be contacted by the Director of Volunteers or the Head of Gardens as soon as possible. We look forward to working with you and appreciate the generous offer of your time and skill.