

## UT Gardens Volunteer Application

*Thank you for your interest in the UT Gardens and our Garden VOLunteer Program. Please take a moment to answer the following questions. Your answers will help us assure your successful placement in our program. You will not be turned down due to lack of experience in a particular area.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Email \_\_\_\_\_

1. Area(s) of Volunteer Interest (Circle all that apply. Note: This is not a commitment.)

- |   |   |
|---|---|
| <input type="checkbox"/> Garden Maintenance →     | <input type="checkbox"/> Perennial Border               |
| <input type="checkbox"/> Greenhouse               | <input type="checkbox"/> Shade Garden                   |
| <input type="checkbox"/> Garden Tours             | <input type="checkbox"/> Herb Garden                    |
| <input type="checkbox"/> Educational Talks        | <input type="checkbox"/> Color and Texture Garden       |
| <input type="checkbox"/> Plant Records and Labels | <input type="checkbox"/> Woody Collection               |
| <input type="checkbox"/> Publicity                | <input type="checkbox"/> Vegetable Garden               |
| <input type="checkbox"/> Special Events           | <input type="checkbox"/> Linear Trial Beds              |
| <input type="checkbox"/> Newsletter Articles      | <input type="checkbox"/> Hanging Baskets and Containers |
| <input type="checkbox"/> Administrative Work      | <input type="checkbox"/> Turf & Groundcover Wheel       |
| <input type="checkbox"/> Other: _____             | <input type="checkbox"/> Greenhouse                     |
|   | <input type="checkbox"/> Other: _____                   |

2. Are you a Master Gardener?      Yes      No

If no, would you be interested in taking a Master Gardener certification course?    Yes    No

3. Are you able to commit to working    100    75    50    25    other \_\_\_\_\_ hours per year at the UT Gardens?

4. Do you have any physical limitations?    Yes    No    If yes, please explain \_\_\_\_\_

Are you able to lift at least 40 lbs unassisted?    Yes    No

Is it okay for you to work in the sun, heat, or light rain?      Yes    No

Allergy(ies) to    insects    sun    pollen    other \_\_\_\_\_

5. Strengths and/or skills you feel will enhance your volunteer work (Tell us anything you think we need to know. Use the back of this sheet if necessary)\_\_\_\_\_

\_\_\_\_\_

Prior Volunteer Experience\_\_\_\_\_

Educational Background\_\_\_\_\_

Career Background\_\_\_\_\_

Do you have experience with special groups? (Circle all that apply.)

Children    Disabled    Elderly    Teens    Foreign Language    Other

Please explain:\_\_\_\_\_

6. How often do you visit the UT Gardens?\_\_\_\_\_

7. How did you hear about our volunteer program?\_\_\_\_\_

8. What do you hope to gain from your experiences at the UT Gardens?\_\_\_\_\_

\_\_\_\_\_

9. Do you know anyone who is presently a Garden VOLunteer? If so, please list their name(s) here\_\_\_\_\_

10. Please list a reference from another volunteer position or workplace

Name\_\_\_\_\_Organization\_\_\_\_\_

Phone\_\_\_\_\_Employment Dates\_\_\_\_\_

11. When would it be convenient for you to be interviewed?\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

Person to notify in case of emergency: Name\_\_\_\_\_

Phone\_\_\_\_\_Relationship\_\_\_\_\_

Please return this application to:  
**UT Gardens Volunteer Coordinator**  
**252 Ellington Plant Sciences Bldg.**  
**2731 Joe Johnson Drive**  
**Knoxville, TN 37996-4500**