



# The Crosby Arboretum Volunteer Application

Name		
Address		Apt. Number
City	State	Zip Code
Home Telephone	Mobile Telephone	Year of Birth ( <i>for demographic purposes only</i> ) Are you 18 years of age or older?   Yes   No
Email Address		The Crosby Arboretum will maintain frequent communication with volunteers via email, including sending the Volunteer Newsletter and last minute updates.
*Have you previously volunteered at The Crosby Arboretum? <input type="checkbox"/> Yes <input type="checkbox"/> No    Are you an Arboretum Member? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please indicate dates of previous service.   _____		

\*Please list any relevant skills, degrees or certifications (computer, photography, library, horticultural [plant propagation/greenhouse/nursery], customer service, tours, teaching, supervising, grants, etc.)

\_\_\_\_\_

\_\_\_\_\_

Please tell of about your interest in volunteering at The Crosby Arboretum.

\_\_\_\_\_

Where did you hear about The Crosby Arboretum Volunteer Program? \_\_\_\_\_

Do you have any special needs or health conditions we should be aware of? \_\_\_\_\_

**AREAS OF INTEREST (check all that apply): Not listed?** \_\_\_\_\_

<input type="checkbox"/> Children's Education	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Docent	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Special Events
<input type="checkbox"/> Visitor Info./Ticket booth	<input type="checkbox"/> Library	<input type="checkbox"/> Clerical		
<input type="checkbox"/> Plant Sales	<input type="checkbox"/> Trails	<input type="checkbox"/> Mailings		

<b>SCHEDULE AVAILABILITY</b>	Tue AM <input type="checkbox"/> PM <input type="checkbox"/>	Wed AM <input type="checkbox"/> PM <input type="checkbox"/>	Thu AM <input type="checkbox"/> PM <input type="checkbox"/>	Fri AM <input type="checkbox"/> PM <input type="checkbox"/>	Sat AM <input type="checkbox"/> PM <input type="checkbox"/>	Sun AM <input type="checkbox"/> PM <input type="checkbox"/>
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**REFERENCE**

Name	
Address	
Daytime Phone Number	Relationship

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

Name	
Address	
Daytime Phone Number	Relationship

Have you ever been convicted of a crime in this state or elsewhere (not including traffic and parking violations)?

Yes  No

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account).

The following information is for statistical purposes only and is optional:      Gender- Male    Female  
Race:                                  Disabled:                                  Education (highest level):

All personal information for Crosby Arboretum reference only. All information is confidential. Mississippi State University and Crosby Arboretum are not responsible for any injuries that may occur going to, onsite or going home from Crosby Arboretum. An application does not automatically guarantee a spot in our Volunteer Program.

Date	Applicant Signature
<b>Comments</b> (below for internal use only)	
Received by:	Date:

Please return this form to Kim Johnson, Volunteer Coordinator, The Crosby Arboretum  
By email: [kim.johnson@msstate.edu](mailto:kim.johnson@msstate.edu)  
Fax: 601-799-2372  
Or by mail: P.O. Box 1639 Picayune, MS 39466