

VOLUNTEER APPLICATION
HONOLULU BOTANICAL GARDENS
City and County of Honolulu
Department of Parks and Recreation
Division of Urban Forestry

Volunteer Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

@ _____

Check the type of volunteer work you are willing to do at any Botanical Garden:

<u>Foster Garden</u>	<u>Lili'uokalani</u>	<u>Wahiawa</u>	<u>Koko Crater</u>	<u>Ho'omaluhia</u>
Docent _____	Grounds _____	Information _____	Nursery _____	Grounds _____
Reception _____	Stream _____	Docent _____	Docent _____	Office _____
Tuesday Group _____	Clean up _____	Grounds _____	Grounds _____	Nursery _____
Independent _____				Fishing _____
				Garden Ranger _____

Please describe any circumstances, which may affect your ability to provide volunteer services (allergies, disability etc...):

In case of emergency, please contact the following person:

Family Physician _____ Phone Number: _____

Name: _____ Phone Home/Cell: _____ / _____

I wish to volunteer my services to the Department of Parks and Recreation, City and County of Honolulu, with the understanding that I am acting with the permission of City and County of Honolulu, Department of Parks and Recreation, hereinafter "Department". I hereby authorize the City and of its employees to refer said applicant, if injured or ill, to any family physician when my emergency contact cannot be reached, If no family physician when deemed necessary. I, the undersigned, hereby waive all responsibility from the City and County of Honolulu, the Department, and any employee or volunteer acting with the permission of the Department, from all liabilities arising from property damage and bodily injury which may be sustained by participating in the above activity.

Signature (Parent/Guardian signature if minor): _____

Print Name: _____ Date: _____

STAFF USE ONLY

Availability: (Days/Times) _____

Commitment: (Date to Date) _____

Experience: _____

Garden: _____

Supervisor: _____
