Thank you for your interest in our campus Arboretum and the Volunteer Program. Please take a moment to answer the following questions. Your answers will help us assure your successful placement in our program.

Name___________________________________________ Date_____________

Address____________________________________________________________________________________________________

City_________________________________State____________Zip_________

Phone: (Hm) ________________________ (Work/Cell)______________________

Email____________________________________________________________

Areas of Volunteer Interest (Check all that apply. Note: This is not a commitment.)

___ Organic Gardening  ___ Watering Planters
___ Garden Maintenance  ___ Pruning
___ Composting  ___ Other: _______________________
___ Harvesting Campus Produce
___ Garden Tours
___ Educational Talks
___ Plant Records and Labels
___ Publicity
___ Special Events
___ Newsletter Articles
___ Flower Beds
___ Cactus
___ Succulents
___ Roses
___ Herb Garden
___ Zen Garden
___ Secret Garden
___ Desert Arboretum
___ Trees
___ Hanging Baskets and Containers
___ Turf & Groundcover
___ Arboretum Trail Maintenance
___ Irrigation/Water Audits
Are you able to commit to volunteering: 100  75  50  25  other _____ hours per year at ASU Arboretum?
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
Do you have allergies to: insects  sun  pollen  other ____________________________?
Volunteer strengths and/or skills (Tell us anything you think we need to know).
__________________________________________________________________________________
__________________________________________________________________________________

Prior Volunteer Experience:
__________________________________________________________________________________

Educational Background:
__________________________________________________________________________________

Career Background:
__________________________________________________________________________________

How did you hear about our volunteer program?
__________________________________________________________________________________

What do you hope to gain from your experiences at ASU Arboretum?
__________________________________________________________________________________

Do you know anyone who is presently an ASU Arboretum Volunteer? If so, please list their name:
__________________________________________________________________________________

Please list a reference from another volunteer position or workplace:
Name ___________________________ Organization __________________________
Phone ______________________ Employment _______________________________
Dates_______________________

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:
ASU Grounds Services/Arboretum Volunteer Coordinator
University Services Building
PO Box 875112
Tempe AZ 85287-5112  Phone: (480)268-4165  Fax: (480)956-9470