COX ARBORETUM AND GARDENS ADULT VOLUNTEER APPLICATION

We welcome your interest in our Cox Arboretum and Gardens adult Program! Please fully complete this application.

SEND APPLICATIONS TO:

Email (hello@coxgardens.com)

Or Mail to:

Cox Arboretum and Gardens

1621 N Lake Drive, Canton, Georgia

PERSONAL INFORMATION

Full Name_____ Email Address_____

Cell Phone _____ Home Phone_____

Street Address _____

Street Address 2 _____

City_____ State_____ Zip Code_____

DOB_____

The minimum age requirement to volunteer with Cox Arboretum and Gardens as an Adult Volunteer is 18.

Accessibility considerations: _____

Language(s) spoken: _____

EMERGENCY CONTACTS

Name_____ Relationship_____

Cell Number Other: (home/office) _____

Name_____ Relationship_____

Cell Number Other: (home/office) _____

CURRENT EMPLOYMENT STATUS (optional)

Full-time

Part-time

Retired

Other

AREAS OF INTEREST

___Education
___Gardening
___Leadership
___Special Events
___Visitor Services/Greeter
___Admin Tasks
___Arts/Crafts
___Outreach
___Graphic Design
___Photography
___Special Projects
___Conservation
___School Programs
___Docent

1. Why are you interested in volunteering at Cox Arboretum and Gardens?

2. Do you have any prior volunteer experience? If yes, please describe organizations and Experiences:

3. Do you have any special talents or certifications that would be helpful as a volunteer? For example, construction, design, handicrafts, teaching, etc.

VOLUNTEER WAIVER and AGREEMENT

This Waiver Agreement, made and entered by and between Cox Arboretum and Gardens,

1621 N Lake Drive Canton Georgia 30115, herein referred to as “Cox Arboretum and Gardens " AND

Name (please print)

I understand that I am volunteering for activities with Cox Arboretum and Gardens. I understand that as a volunteer, I may be involved in physical activities that have a potential risk of injury. I assume this risk. I agree that I will perform activities that I am comfortable doing and follow all the instructions.

Through this Waiver Agreement, the Volunteer does hereby knowingly release and discharge Cox Arboretum and Gardens, its officers, directors, employees, agents and volunteers from any claim, demand or cause of action that may be asserted by or on behalf

of me, as a result of my volunteering for Cox Arboretum and Gardens. I agree to be responsible for my behavior and to indemnify and hold harmless Cox Arboretum and Gardens its officers, directors, employees, agents and volunteers from any damage or liabilities arising out of my activities as a volunteer for Cox Arboretum and Gardens.

I authorize Cox Arboretum and Gardens to use my name and photograph for education, public relations and marketing purposes related to Cox Arboretum and Gardens.

Volunteers must abide by the code of conduct, policies and rules set out in the program

handbook.

I certify that all of the above information is correct. I understand that acceptance as a volunteer is based on a combination of my skills and interests and the needs of Cox Arboretum and Gardens. I realize that opportunities may not be available at any given time, but my application will be held on file for one year.

Signature

Date