Volunteer Application Form

Personal Information
Name: _______________________________________________________
    First     Middle    Last
Address: _____________________________________________________
          _______________________________________________________
Phone
    Home: _____________________ OK to call me here___
    Work: _____________________ OK to call me here___
    Mobile: _____________________ OK to call me here___
E-mail: _______________________________________________________

Demographics
Date of birth:  Month _______ Day _________ Year ________* optional

Education:

_____________________________________________________________

Employer
Please list your most recent employer, if applicable
Name: _____________________________________________________________
Responsibilities: _____________________________________________________

Availability
    Week Days:  _______________________________
    Week Day Evenings:  _______________________________
    Weekend Days:  _______________________________
    Weekend Evenings:  _______________________________
Volunteer Preferences – Check all that apply

<table>
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<tr>
<th>Gardening</th>
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<tr>
<td>Natural Lands Management</td>
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<tr>
<td>Office/Computer Work</td>
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<td>Assisting with Events</td>
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<td>Greeting Visitors</td>
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<td>Leading Tours</td>
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<td>Assisting with Educational Programs</td>
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<td>Writing/Graphic design</td>
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<td>Photography</td>
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<td>Children’s Garden</td>
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Emergency Contact
In the event of an emergency whom should we notify?
Name: _____________________________________________________________

Home phone: ______________________
Work phone: _______________________{
Cell phone: ______________________
E-mail: ________________________________________________

Relationship: _______________________

Additional Information you would like to share with us: _______________________

_____________________________________________________________________

By signing below, I attest that the information I have provided on the form is true and accurate.

Signature: ____________________________________ Date: _________________

If you have questions about any of the above, please contact 814-867-2591.

Please mail your completed form to the following address:

Volunteer Coordinator
The Arboretum at Penn State
320 Forest Resources Building
University Park, PA 16802
Photo/Interview Release Form

I hereby grant The Pennsylvania State University permission to interview me and/or to use my likeness in photograph(s)/video in regard to my visit or volunteer activity in The Arboretum at Penn State, in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Arboretum or the University, in perpetuity. I will make no monetary or other claim against The Arboretum at Penn State or The Pennsylvania State University for the use of the interview and/or the photograph(s)/video.

I do NOT grant The Pennsylvania State University permission to interview me and/or to use my likeness in photograph(s)/video in regard to my visit or volunteer activity in The Arboretum at Penn State, in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Arboretum or the University, in perpetuity.

Date: _______________________

Your Name: ____________________________
(Print full name.)

Signature: __________________________________________

Address __________________________________________

City/State/Zip Code ______________________________________

Email Address: _________________________________________

*If granting permission for a minor, please print the name of the minor on the line below.*

________________________________________
(Print full name of subject.)

Please provide your relationship to the minor:

________________________________________

05/29/2013

kkr