

Junior Volunteer Application

The mission of GROW is to cultivate, conserve, engage and explore. Thank you for your interest in helping us.

To be considered as a possible JR Volunteer, please complete the information below and send it by mail, email or fax to the address listed at the end of this document by 5 pm on the deadline date for the term you are applying for
Summer 2018--May 7, 2018 Fall 2018--September 7th, 2018 Spring 2019--December 10, 2018

Today's Date: _____

Contact Information

Name: _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Email Address: _____

Phone: _____ Is this your: [] Home [] Mobile

Date of Birth: _____ Age: _____

Emergency Contact: _____
(Name) (Phone) (Relationship)

How did you learn about volunteering with GROW?

Why do you want to volunteer with GROW?

Are there any medical conditions you would like us to know about?

Volunteer Experience

Organization: _____ Dates: _____

Supervisor: _____ Title: _____

Duties: _____

Organization: _____ Dates: _____

Supervisor: _____ Title: _____

Duties: _____

Volunteer Schedule

When are you interested in volunteering?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How many hours per week / month are you interested in volunteering? _____ Week _____ Month

When can you start volunteering? _____

Are you seeking volunteer hours to apply toward one of the following programs?

Community Service: _____ Other Program: _____ Please specify: _____

Volunteer Skills & Interests

Are you interested in helping indoors or outdoors? _____Indoors _____Outdoors _____Both

Are you interested in helping with the public? _____Yes _____No

Do you prefer volunteering with adults or children? _____Adults _____Children _____Both

Education / Training

What grade will you start in Fall 2018? _____ Freshman _____ Sophomore _____Junior _____Senior

Specialized
Classes or Field of
Study: _____

Other Training or Certifications:

Employment History-if none write N/A

Current or Most
Recent Employer: _____

Position: _____ Dates: _____

Supervisor: _____ Title: _____

Indicate where you have existing skills:

_____ Technology skills

_____ Social media

_____ Plant identification

_____ Environmental science

_____ Geology

_____ Video editing

_____ Editing

_____ Public Speaking

_____ Writing

_____ Organizing

_____ Customer
service

Written Language:

____ Crafts _____ Photography _____ Babysitting
____ Botany _____ Photoshop _____ Teaching
____ Gardening _____ Illustrating _____ Camp
____ Data entry _____ Program prep _____ counseling
____ Storytelling

Spoken Language: _____

_____ Computer Programming, specify environments, languages, web, database, coding

_____ Other, please specify: _____

References

Personal Reference

Name: _____ Telephone: _____

Address: _____

School Reference

Name: _____ Telephone: _____

Address: _____

Confidentiality Agreement

The board of trustees, staff, members, donors, volunteers, and partners of Botanical Research Institute of Texas (BRIT), and the Fort Worth Botanic Garden (FWBG) trust that records are kept confidential. As a volunteer, I may, while volunteering, have access to documents, data, strategies or other information relating to GROW, BRIT, FWBG, its donors, and its activities which may not be known to the public. My work may involve sensitive issues receiving significant scrutiny, or knowledge of research results, plant locations, or discoveries.

As a volunteer, I agree to hold in complete confidence, information about publications, research, collections, education programs, members, and financial data. For this reason, any documents or information provided to me may not be shared, under any circumstances, with any other organization or any individual without the prior written permission of GROW, BRIT, and/or the FWBG.

Consent Agreement

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by GROW. I authorize GROW, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary.

I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, friends, neighbors, or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable.

As a JR Volunteer, I agree to:

- Adhere to the philosophy and policies of GROW.
- Complete all required volunteer training and orientation.
- Participate in individual supervision with staff or other volunteers as required.
- Complete and submit paperwork as required.
- Complete a minimum of 30 hours for a Summer Term or 15 hours for a Fall or Spring term.

Signature of Applicant

Date

As a parent or guardian, are you willing to help ensure that your child is being held accountable for acting as a model volunteer and for following GROW procedures? ___yes ___no

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Relationship

Emergency Phone Number:_____

Please return your completed application via one of the methods below. If you have any questions, contact the Volunteer Program Office at 817-546-1846.

Mail to: Volunteer Program Office, GROW, 1700 University Drive, Fort Worth, TX 76107-3400

Email to: jdonovan@brit.org Fax to: 817-332-4112
