

Mission Oaks Volunteer Members

Personal Information Form

Name: _____
(last) (first) (middle initial)

Address: _____ P.O. Box# _____

City State Zip Code

Home Phone: (_____) _____ Work Phone: _____ Cell Phone _____

E-Mail address _____

Are you at least 18 years of age? _____ Yes _____ No

Do you have a valid Ohio Driver's License? _____ Yes _____ No

ADDITIONAL INFORMATION

1. Why would you like to volunteer with the Mission Oaks Gardens?

2. Briefly list any prior volunteer experience you have had. List your responsibilities, skills, special interests or training that might help our volunteer program.

3. Describe any physical limitations you have that we should be aware of.

Please indicate **best time** (e.g. 9-11AM) when you would be available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Signature

Parent or Guardian (if under 18)

Date: _____

VOLUNTEER GARDENING SKILLS/INTEREST INVENTORY

Mission Oaks would appreciate your help in compiling a list of your skills. Use the following scale to give us an indication of your knowledge, experience and interest.

- 3- Very experienced and knowledgeable
- 2- Somewhat experienced and knowledgeable
- 1- Not experienced and knowledgeable
- 0- No interest in volunteering for this activity
- I- No experience but very interested in learning!

_____ Helping Run Workshops/Events

_____ Planting Trees and Shrubs

_____ Planting Containers

_____ Tour Guide

_____ Planting in Beds

_____ Garden Tour Host/Hostess
(greeting, serving beverages, etc.)

_____ General Weeding

_____ Other (please specify):

_____ Pruning Shrubs and Trees

_____ Transplanting and Dividing Perennials

_____ Fertilizing and Watering

Emergency Information

Volunteer: _____

Allergies/Medical Conditions: _____

Name of Person to Contact: _____

Relationship to Volunteer: _____

Daytime Phone (_____) _____

Evening Phone (_____) _____

Cell Phone Number (_____) _____

Volunteer Signature: _____ Date: ____/____/____