



Utah Botanical Center Volunteer Application



Personal Information:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone: H _____ W _____ C _____

Fax: _____ Email _____

School or Employer: _____

(if you are retired or currently unemployed, please specify)

How did you hear about this opportunity?

Emergency Contact: _____

Have you ever been convicted of a criminal felony?

Yes No

If yes, please explain the nature of the crime and the date of the conviction and disposition.

Availability:

Time of year: Spring Summer Autumn Winter Year round

Please indicate the days that you are generally NOT available during these times:

Weekday Mornings: _____

Weekday evenings: _____

Weekends: _____

Skills and/or experience (select all that apply):

- Leading Tours
- Working w/children
- Education
- Bird Watching
- Public Speaking
- Land stewardship

- Botany/ plant identification
- Geology
- Wildlife identification
- Community Outreach
- None

Other: _____

Please list any limitations that may keep you from participating fully as a UBC Volunteer Program? _____

Previous Volunteer Experience:

Have you volunteered for The Utah Botanical Center before? YES NO

Please describe other volunteer experience, including approximate dates and name of the organization(s):

Volunteer Opportunities:

For which of the following would you like to be considered?

- | | |
|--|--|
| <input type="checkbox"/> Utah House/ Landscape Tours | <input type="checkbox"/> Family Night |
| <input type="checkbox"/> Utah House Field Trips | <input type="checkbox"/> Aggie Adventure Camps |
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Youth Fishing Camp |
| <input type="checkbox"/> Landscape Maintenance | <input type="checkbox"/> Garden Fair |
| <input type="checkbox"/> Plant Sale | |

Read Carefully Before Signing:

I hereby certify that I will comply with Utah Botanical Center policy. I authorize the UBC, without liability, to contact references given by me, to conduct background checks, and authorize organizations where I have been employed or volunteered to provide such information concerning me. I certify that the information provided on this application is correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer. I, on behalf of my heirs and representatives, hereby grant to Utah Botanical Center the right to publicly and commercially disseminate the UBC's promotional materials, along with my name, likeness, picture, voice, statements, signature, and biographical material for any promotional or business purposes.

SIGNATURE

Please return this application to:

Utah Botanical Center
P.O. Box 265
Kaysville, UT 84037

The Utah House
920 South 50 West
Kaysville, UT 84037



Utah State University is an *affirmative* action/equal opportunity institution.