

PLANTING FIELDS ARBORETUM
STATE HISTORIC PARK
VOLUNTEER PROGRAM APPLICATION

Name _____ Date _____

Address _____ Town _____ Zip _____

Phone: Home _____ Work _____ Email _____

Volunteers at Planting Fields Arboretum State Historic Park are insured through New York State Workmens' Compensation. For this reason we are required to keep your Social Security number and birthdate on file. These numbers will be kept confidential.

Social Security # _____ - _____ - _____

Date of Birth _____

Work Preferences

Do you have the time to make a weekly volunteer commitment? _____

What day(s) of the week are you available to volunteer? _____

Please check your area(s) of interest:

- | | | |
|--|--|--|
| <input type="checkbox"/> Gardener | <input type="checkbox"/> Docent (Coe Hall) | <input type="checkbox"/> Public Programs |
| <input type="checkbox"/> Greenhouses | <input type="checkbox"/> Reception | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> White Gloves | <input type="checkbox"/> Visitor Center |
| <input type="checkbox"/> Grounds Guide | <input type="checkbox"/> Library | <input type="checkbox"/> Building Operations |

If you checked Gardener and/or Greenhouses, is there a particular Garden or Greenhouse you are interested in?

Emergency Contact Information

In the event of an emergency, please contact:

Name _____

Relation _____ Phone: Home _____ Business _____

Please *Complete* *Other* *Side* →

Personal Information

Answering the following questions helps us to find the best volunteer position for you at Planting Fields and to help us improve our program.

1. How did you hear about the program? _____

2. Why do you want to volunteer at Planting Fields?

3. Occupation or, if retired, your former occupation _____

4. Please list any past or current volunteer activities:

Organization _____ Contact _____

Organization _____ Contact _____

5. Do you have hobbies or special talents? If so, please list them. _____

6. I am fluent in the following language(s) _____

7. Any health problems, ailments or restrictions that we should know about? _____

Please list two (2) references and their relation to you:

1) _____ Phone# _____

2) _____ Phone# _____

Please return this application to:

*Elsa Eisenberg
Volunteer Coordinator
Planting Fields Foundation
PO Box # 660
Oyster Bay, NY 11771
(516) 922-8670
eeisenberg@plantingfields.org*