



Volunteer Application

3 Riverside Drive, Camden, NJ 08103
856.365.8733

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell: _____

Email: _____

School or Organization Affiliation: _____

Please check your interests in the following volunteer opportunities.

Educational Activities:

_____ Garden Festivals for Schools (Fridays in April and May, 9:30 am -1:30 pm, call for dates)

_____ Activities during our Festivals (2nd and 4th weekends April – November, 12 noon – 4pm)

Special Events:

_____ Holiday Festival of Lights (Friday & Saturday evenings between Thanksgiving and New Years Day)

Gardening and Landscaping:

_____ Spring Planting _____ Summer Watering _____ Fall Clean-Up

Philadelphia Eagles Four Seasons Butterfly House (Involves Training).

_____ Greeter in Lobby _____ Butterfly House

Flower Show (usually late February and early March) requires familiarity with CCG exhibit.

_____ Set up exhibit _____ Staff the exhibit _____ Tear down exhibit

Other:

_____ Office Special Mailings _____ Gift Shop _____ Evening Rentals _____ Birthday Parties

I give my child permission to volunteer at the Camden Children's Garden and consent to emergency medical treatment in the event I can not be reached at the following Emergency number.

_____ **Parental Signature (required for 16-17 year olds)** _____ **Date**

Emergency Phone Number: _____

Please list allergies, medications or other information that would be useful in an emergency.

I understand that as a volunteer, I will not receive any monetary payment for my services. I also agree to follow the mission and the policies of the Camden City Garden Club. Mission: The Camden City Garden Club provides recreational and educational gardening opportunities to people of all ages. Through interactive experiences, children and adults will realize that gardening is fun, easy and can be enjoyed by all while improving their quality of life.

_____ **Volunteer Signature** _____ **Date**



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