



City of Fort Collins Volunteer Application

Please print your answers and complete all sections of the application

PERSONAL INFORMATION

Date _____

Name (Last, First, Middle) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Other Phones (cell, voicemail, etc.) (____) _____ (____) _____

Email Address _____

Month and Day of Birth (month/date) _____ (please do not include year)

Are you age 18 or older Yes ___ No ___ If no, please state year of birth _____

Best way and time to contact you (phone or email, day and time) _____

Local emergency contact (name and street address) _____

Home Phone (____) _____ Work Phone (____) _____

AVAILABILITY

Are you interested in one-time or short-term volunteer assignments? _____

If you are interested in on-going assignments, please check when you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

How many hours per week or month would you be willing to volunteer? _____

Are you generally available to volunteer during the summer months? _____

VOLUNTEERING EXPERIENCE

Why are you interested in volunteering at the *Gardens on Spring Creek*? _____

What benefits do you hope to receive from your volunteering experience? _____

What skills do you hope to gain from your volunteering experience? _____

Have you volunteered before? Yes ___ No ___

If so, where _____ How long? _____

Describe any previous work experience that may be relevant to the volunteer positions you're applying for :

SKILLS AND INTERESTS (check which areas interest you)

- | | | |
|---|--|--|
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Database Entry | <input type="checkbox"/> Landscape Construction |
| <input type="checkbox"/> Indoor | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Carpentry/Handyman |
| <input type="checkbox"/> Outdoor, including
property maintenance | <input type="checkbox"/> Assist and/or teach –
Youth Programs | <input type="checkbox"/> Research – Field or
computer |
| <input type="checkbox"/> Tour Guide - Adult/Youth | <input type="checkbox"/> Photography | <input type="checkbox"/> Website |
| <input type="checkbox"/> Outreach - Adult/Youth | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Information Desk (Greeter) | <input type="checkbox"/> Audio/Visual | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Horticultural Therapy (Certified) | <input type="checkbox"/> Interpretive Displays | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Illustrations/Graphics | |

Specific plant and gardening interests _____

Other areas of interest _____

CURRENT WORK EXPERIENCE

Employer _____ Supervisor _____

Street Address _____

City _____ State _____ Zip Code _____

Position and Responsibilities _____

EDUCATION

High School graduate? Yes ____ No ____

College degree? If so, Major/Field of Study _____

Do you speak a foreign language fluently? If so, which one(s)? _____

HOW DID YOU HEAR ABOUT VOLUNTEERING AT THE GARDENS ON SPRING CREEK?

- Another volunteer at *The Gardens*? Who? _____
- An employee at *The Gardens*? Who? _____
- Television/Radio? Which one(s)? _____
- Newspaper? Which one(s)? _____

- Friend/Family? _____
- The Gardens* membership? _____
- The Gardens* classes or events? _____
- The City's or *The Gardens* website? (which one) _____
- Other _____

REFERENCES (please list two people not related to you, who know you in a work, school, or volunteer setting)

Full Name _____ Relationship _____
 Home Phone (____) _____ Work Phone (____) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Full Name _____ Relationship _____
 Home Phone (____) _____ Work Phone (____) _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Are you currently a member of the *Gardens on Spring Creek*? (not required) Yes ____ No ____

Have you ever been arrested for or convicted of a felony or misdemeanor (other than a minor traffic offense that resulted only in a fine)? Yes ____ No ____

If yes, please state the crime(s) you were arrested or convicted of and explain the date, location, nature and facts surrounding each incident, using an attachment sheet.

Do you have any special needs personnel should know about to make your experience as comfortable and enjoyable as possible? _____

Applications are considered for all volunteer positions for which they have applied without regard to race, religion, sex, age, national origin, disability, and other characteristics protected by law.

Certification and Release

I certify that all statements made in this application are true and complete. I authorize the City to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, volunteer programs, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, volunteer programs, references, institutions, agencies, and the City from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. Successful completion of a background check is a qualification to volunteer in certain programs. A photocopy of this release can be used for all purposes.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application, will be sufficient for rejection of my application or for my immediate discharge, should one be discovered after I have started volunteer activities.

I understand that nothing in this volunteer application, in the City's statement of personnel policies or in my communication with any City employee or official is intended to create an employment contract between the City and me. Accordingly, either I or the City may terminate my volunteer status at will at any time with or without cause or notice. I understand that the at-will nature of the volunteer relationship can only be changed in a specific writing signed by the Director of Human Resources. I understand that I will not be paid or receive any other remuneration for my services as a volunteer with the City.

I release the City of Fort Collins, its officers, agents, volunteers and employees and agree to hold them harmless from any liability for any claim arising out of any injuries and/or damage to me, my property, or loss of any other sort arising out of or related to participation in programs at The Gardens on Spring Creek, whether the result of the negligence of the City of Fort Collins or any other person. I agree to indemnify the City of Fort Collins, its officers, agents, volunteers and employees and to be responsible for all harm, injury or damage I cause to any persons, property or equipment in conjunction with programs at The Gardens on Spring Creek. I hereby give consent for emergency medical care prescribed by a medical professional.

Staff may take photos of garden activities for marketing purposes. Please check here **if you agree to let your photo be a part of publicity materials.**

(If you do **not** want to be in published photos, please let photographers know).

I hereby acknowledge that I have read, understand, and agree to the preceding statements.

Signature _____ Date _____

Parental Consent for Applicants Under 18 Years of Age

As the parent or guardian of the above volunteer applicant, I hereby consent to his/her participation in the Gardens on Spring Creek volunteer program.

Printed Name of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Phone _____

Parent or Guardian's Address _____

Please return to:
The Gardens on Spring Creek
Attn: Connie Meyer
2145 S. Centre Avenue
Fort Collins, CO 80526
cmeyer@fcgov.com
www.fcgov.com/horticulture
970-416-2482

Thank you!