



PEACE RIVER BOTANICAL & SCULPTURE GARDENS, INC.

P. O. BOX 510142 • PUNTA GORDA • FL 33951-0142 • WWW.PEACERIVERGARDENS.ORG

VOLUNTEER APPLICATION

Return to above address or scan and email to prgvolunteer@gmail.com

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email address: _____
Date of Birth: _____ Member of Peace River Gardens: Y ____ N ____
Full time resident? _____ Part time resident? _____

Please indicate areas of interest: (circle all that apply)

Plant Parent – Grow plants at home to be sold or used in the garden.

Docent – Share your knowledge of the plants and sculptures.

Welcome Center or Gift Shop – Welcome guests, run cash register.

Data Entry – Help keep records on plants and sales current.

Green House – Help propagate plants to be sold and used in the garden.

Special Events – Welcome guests, give directions and more.

Fundraising – Work with Executive Director to raise funds.

Outreach / Advocacy – Give presentations to outside groups.

General Garden volunteering – various jobs around the garden and buildings.

Other _____ Other _____

Please list any groups, organizations or businesses to which you could serve as a liaison in behalf of the Peace River Botanical & Sculpture Gardens:

Signature: Volunteer _____ Date: _____

Responses to the questions below are requested – but are optional, not required!

How did you hear about volunteer opportunities at The Peace River Botanical & Sculpture Gardens?

Please note any special medical conditions and any medication you feel we should know about:

In case of emergency please contact:

(1st choice)

Name: _____

Relationship: _____

Daytime phone: _____

Evening phone: _____

Volunteer Waiver and Release:

The Peace River Botanical & Sculpture Gardens, Inc., is not responsible for any injury or accident that may occur during my participation as a volunteer in any activity or event. I understand, by signing below, that I assume full responsibility for any injury or accident that may occur during my participation as a volunteer. I hereby release and hold harmless and covenant not to file suit against The Peace River Botanical & Sculpture Gardens, Inc., employees and any affiliated individuals (“releasees”) associated with my participation from any loss, liability or claims I may have arising out of my participation, including personal injury or damage suffered by me or others, whether caused by falls, contact with participants, conditions of the facility, negligence of the releasees or otherwise.

Signature: Volunteer

Date: _____

For office use only

Date received: _____ Date contacted: _____

Interview date: _____ Start Date: _____

System Update: _____

Notes: _____



PEACE RIVER BOTANICAL & SCULPTURE GARDENS, INC.

P. O. BOX 510142 • PUNTA GORDA • FL 33951-0142 • WWW.PEACERIVERGARDENS.ORG

Volunteer Program Code of Ethics

As a Volunteer:

I believe that I am subject to a code of ethics similar to that of professional workers; I shall accept my assigned responsibilities and expect to be accountable for what I do. I realize that I will supplement work performed by paid employees and agree to work without monetary compensation. In addition:

- I promise to be dependable and will notify the appropriate people if I cannot work when scheduled.
- I will respect the cultural backgrounds, family situations, and values of visitors and coworkers.
- I will accept the policies of The Peace River Botanical & Sculpture Gardens.
- I will dress in appropriate attire for garden tasks and weather.
- While performing my volunteer duties, I will keep in mind that I am a representative of the Garden and will behave in a professional manner.

As a volunteer I can expect:

- To be treated as a valued co-worker.
- To have an appropriate assignment.
- To have access to safe equipment and proper supplies.
- To feel free to share information with my supervisor.
- To receive adequate supervision.
- To receive recognition for a job well done.

Print Name

Date: _____

Signature: