



PEACE RIVER **BOTANICAL & SCULPTURE** GARDENS, INC.

5800 RIVERSIDE DRIVE • PUNTA GORDA, FL • 33982 • WWW.PEACERIVERGARDENS.ORG

## VOLUNTEER APPLICATION

Return to above address or scan and email to [admin@peacrivergardens.org](mailto:admin@peacrivergardens.org)

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?

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

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**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: \_\_\_\_\_

<p><b>For office use only</b></p> <p>Date received: _____ Date contacted: _____</p> <p>Interview date: _____ Start Date: _____</p> <p>System Update: _____</p> <p>Notes: _____</p> <p>_____</p>
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## 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: