



324 Forest Drive South, Short Hills, NJ 07078

P: 973.376.3587 F: 973.379.5059

www.hartshornarboretum.org

Volunteer Application

Please complete the entire application. Incomplete applications will not be considered for review.

Volunteer's Name: _____ **Age:** _____
Last First

Address: _____
and Street City State Zip code

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

E-mail: _____

REFERENCES:

Please provide contact information for 2 individuals we can contact as references to your character.

Reference # 1:

Full Name: _____ Relationship: _____

Phone Number: _(_____) _____

Reference # 2:

Full Name: _____ Relationship: _____

Phone Number: _(_____) _____

EMERGENCY INFORMATION:

Medications or medical conditions: _____

Do you have any limitations or allergies that might prevent you from participating in certain activities at the CHA? Please explain. _____

Emergency contacts: Please provide a name and phone number for each person that we can contact in case of emergency.

Contact # 1 Name: _____ Relationship: _____

Phone Number: _(_____) _____

Contact # 2 Name: _____ Relationship: _____

Phone Number: _(_____) _____

In case of emergency I allow the Staff at the Cora Hartshorn Arboretum (CHA) to contact the above-mentioned people as well as 911 or appropriate authorities.

Printed Name: _____

Signature: _____

Date: _____

Volunteers under 18 must have a parent or guardian signature



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Volunteer Application (continued)

When would you like to start volunteering: _____

AVAILABILITY: (check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday
 10:00am-12:00p 1:00pm-3:00pm 3:00pm-5:00pm

AREAS of INTEREST (check all that apply):

Teacher Assistant: pre-school, elementary school, older students, adults

Office Support: reception, clerical, other: _____

Computer Support: data entry, webpage/social media updates, other: _____

Marketing: brochures, flyers, distribution, other: _____

Arboretum Events: set-up/clean-up, arts & crafts, games, other: _____

Trails and Woodlands Maintenance

Invasive Plants Removal: beginner, intermediate, advanced, master gardener

Gardening: beginner, intermediate, advanced, master gardener

Animal Care: feeding/cleaning, handling, teaching

Special environmental/community projects

Other skills or areas of interest you may have: _____

I, _____, certify that the information in this application is complete and true to the best of my knowledge, and that I truly wish to participate in this volunteer program. I also understand that if CHA feels that I am not fulfilling my responsibilities, my participation may be ended.

Volunteers Signature

Date

Volunteers under 18 must have a parent or guardian signature.

As the parent/guardian of _____, we have reviewed this application and the requirements of the Volunteer Program. We believe that our child is capable of and truly interested in completing these requirements. We also understand that it is our responsibility to make sure that our child arrives ready and on time, and is picked up in a timely manner.

Parent/Guardian Signature

Date