



324 Forest Drive South, Short Hills, NJ 07078  
P: 973.376.3587 F: 973.379.5059  
[www.hartshornarboretum.org](http://www.hartshornarboretum.org)

### High School Volunteer Days Application

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

Volunteer's Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
# and Street City State Zip code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

How did you hear about the Volunteer Program? (Check All That Apply)  
Website/Web Search Facility Visit Word of Mouth Partner Organization

#### REFERENCES (NOT FAMILY MEMBERS):

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: (\_\_\_\_\_) \_\_\_\_\_

Do you speak any language other than English? YES NO

If yes, what language do you speak? \_\_\_\_\_

#### 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 (Example: Bee Stings)? Please explain. \_\_\_\_\_

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 \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**In no more than ONE PAGE please tell us a) why you want to volunteer at the Cora Hartshorn Arboretum and b) how do you think your experience as a volunteer will help your future aspirations?**