## THE NEW YORK BOTANICAL GARDEN

**VOLUNTEER SERVICES** | **718.817.8765** 

All applicants must be at least 14 years old to volunteer. Horticulture volunteers must be at least 16 years old.

## PLEASE TYPE OR PRINT. ATTACH YOUR RÉSUMÉ AND RETURN:

VIA EMAIL: <u>VOLUNTEER@NYBG.ORG</u>
OR VIA MAIL:
NYBG VOLUNTEER SERVICES
2900 SOUTHERN BLVD
BRONX, NY <b>10458</b>

DATE						
LEGAL NAME						
ADDRESS			APT			
CITY	STATE		ZIP			
HOME PHONE		CELL PHONE				
EMAIL (REQUIRED)		ALTERNATE EMAIL				
PLEASE ANSWER ALL QUESTIONS THOROUGHLY.						
Do you have any volunteer experi	ence? If yes, please expla	in.				
Please write a brief educational and professional biography. (If you submit a résumé, you may skip this question)						
Why do you want to volunteer at NYBG?						

Have you previously volunteered or been employed at			□ Yes □	No			
NYBG? If yes, pl	ease indicate depa	artment and dates.					
Harr did you b		BG volunteer oppo	itiac2				
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SCHEDULE AV							
If available for	limited time, p	lease note date ra	ange available	e:			
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☐ Children's Ed Children's Gard		☐ Children's Ed Edible Academ		☐ Horticulture/Glasshouses		shouses	☐ Clerical
☐ Public Progra		☐ Plant Science		☐ Horticulture/Garden Maintenance		 den Maintenance	☐ Library
☐ Tour Guide	11113 C EVE63	☐ Plant Science			iculture/Bronx Green Up		☐ Community
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Other:							
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