

# Friends of the Landscape Arboretum at Winona State University Volunteer Application

**Volunteer Information:** Thank you for your interest in being a Friend of the Landscape Arboretum at WSU. Please complete this application to help us match your skills and interests with available volunteer opportunities, and to fulfill legal and record keeping requirements.

**Please clearly print or type the requested information.**

Name (First and Last)	
Home Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	
Employment status	
Current or last employer	
Current or last job title	

## Availability

Let us know when you are available for volunteer assignments, and/or how many hours per week or month you can commit to volunteering.

## Interests

Tell us how you heard about the Landscape Arboretum, and why you are interested in becoming a Friend of the Arboretum.

Check the activities for which you would like to volunteer:

<input type="checkbox"/>	Gardening: Seasonal weeding, planting, watering, special projects
<input type="checkbox"/>	Events: Arbor Day, other special events
<input type="checkbox"/>	Education Activities: Tree Tour Guide, etc.
<input type="checkbox"/>	All University Arboretum and Land Stewardship Committee (by appointment only)
<input type="checkbox"/>	Other:

### Special Skills or Qualifications

Please share any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that would be helpful for us to know about. Include any training or experience that may be pertinent to the volunteer position desired, and any relevant certifications you have such as First Aid and CPR with dates of certification and expiration dates.

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### Previous Volunteer Experience

Tell us about your previous volunteer experience, if any.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of Winona State University and the Landscape Arboretum to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or ability. Volunteers are not eligible for compensation, workers' compensation, employee benefits, or travel expenses. Volunteers are subject to reference and background checks, compliance with the policies and procedures of the Minnesota State Colleges and Universities, signing a Waiver, Release and Indemnification Agreement, and completing orientation and training.

Thank you for completing this application and for your interest in volunteering with the Landscape Arboretum at Winona State University.

