## Kansas State University Gardens *Volunteer Application*

## <u>Volunteer</u>:

Name:	Date:
Address:	
City, State, Zip:	
Telephone number(s):	
E-mail:	
Vehicle License Number:	
Person to notify in case of an emergency:	
Name:	
Telephone number(s):	
Relationship:	
Doctor's Name:	
Telephone number(s):	
Volunteer Job Opportunities you would like: (check	
Gardening	Tour Guide
Signage	Education Programs
Visitors Information Center	Speaker's Bureau
Gift Shop	Office Assistant
Special Events	Publication Production
Conservatory/Butterfly	Other

## Please provide the following information:

Present/past occupation:
Interest, hobbies, skills:
Horticulture experience:
Education, workshops, seminars, certificates, or other special training:
Medications or physical limitations we should be aware of:
Briefly describe why you want to volunteer with the Kansas State University Gardens:
Times and days you could be available:
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To submit this form please mail/email to:

Cyreathia Reyer
Membership and Volunteer Program Coordinator
KSU Gardens
2021 Throckmorton Plant Sciences Center
Manhattan, KS 66506-5506
e-mail: <a href="mailto:creyer@ksu.edu">creyer@ksu.edu</a>

Thank you for your interest in the KSU Gardens!