



**NATIONAL TROPICAL BOTANICAL GARDEN**  
*Kaua'i - Southshore Volunteer Program Application*

Desired position (if known)		
Name		
Preferred Address		
City	State	Zip Code
Seasonal Address		
City	State	Zip Code
Do you receive mail at seasonal address? Yes/No	Months you reside at seasonal address:	
Email	Preferred Phone	Seasonal Phone
Birth Date	Are you a NTBG member? Yes/No	Would you like information on becoming an NTBG member? Yes/No
Do we have your permission to publish your name, address, telephone number and email in our Volunteer Directory (for staff and volunteers use only)? Yes/No		

**Areas of Interest (tick all that apply)**

<input type="checkbox"/> Administration	<input type="checkbox"/> Gardening	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Research
<input type="checkbox"/> Computer	<input type="checkbox"/> Interpreter	<input type="checkbox"/> Outreach	<input type="checkbox"/> Visitors Center
<input type="checkbox"/> Education	<input type="checkbox"/> Library	<input type="checkbox"/> Reception	<input type="checkbox"/> Other

**Working Conditions Preferences (tick all that apply)**

<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Strenuous	<input type="checkbox"/> Not Strenuous
<input type="checkbox"/> Dirty	<input type="checkbox"/> Clean	<input type="checkbox"/> Working Independently	<input type="checkbox"/> Working in team
<input type="checkbox"/> Standing	<input type="checkbox"/> Sitting	<input type="checkbox"/> Walking	<input type="checkbox"/> Bending

**In Case of Emergency, Please Notify**

Name	
Telephone	Relationship

**Education**

Name of School	Diploma or Degree Received	Major Subject
High School or Equivalency:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Post Graduate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional, Business, Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Schedule Availability (tick all the apply)**

MONDAY a.m. p.m.	TUESDAY a.m. p.m.	WEDNESDAY a.m. p.m.	THURSDAY a.m. p.m.	FRIDAY a.m. p.m.	SATURDAY a.m. p.m.	SUNDAY a.m. p.m.
More than 1 time a week <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	On-call <input type="checkbox"/>	Notes:		

**Skills & Training**

Special Skills or Training:
Can you speak another language? If yes, please list language(s) and level of fluency:
What do you hope to gain by volunteering with the National Tropical Botanical Garden?
Where did you hear about the National Tropical Botanical Garden volunteer program?
Please describe any previous volunteer experience:

**Reference**

Name	
Telephone	Relationship

Have you ever been convicted of a crime in this state or elsewhere (not including traffic and parking violations)?  
 Yes/No  
*A conviction record will not necessarily be a bar to volunteering at the Garden. Factors such as: age, time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account*

Signature	Date
-----------	------

**Please return completed applications to:  
 Volunteer Program  
 National Tropical Botanical Garden  
 3530 Papalina Road  
 Kalāheo, HI 96741**

Office Use Only:
------------------