Wave Hill Volunteer Application

Thank you for your interest in volunteering at Wave Hill. By contributing time and talent, scores of volunteers help our gardens and programs grow. Please send this completed application to: volunteer@wavehill.org.

_ast Name		First N	lame	Middle Initial	Date	
Home Addre						
	Street			City	State	Zip
Home Phone	?			Cell Phone		
Email						
Occupation (or Retired from	/Student of)				
Name of Org	anization/Scho	ol				
How did you	learn about Wa	ve Hill?				
AVAILABIL	.ITY					
When are yo	u available to vo	olunteer?				
Monday	☐ Morning	☐ Afternoon	☐ Evening			
Tuesday	☐ Morning	☐ Afternoon	☐ Evening			
Wednesday	☐ Morning	☐ Afternoon	☐ Evening			
Thursday	☐ Morning	☐ Afternoon	☐ Evening			
- riday	☐ Morning	☐ Afternoon	☐ Evening			
	☐ Morning	☐ Afternoon	☐ Evening			
Saturday	□ Morning	- Alternoon				



INTERESTS & SKILLS		
Do you have volunteer experience?	☐ Yes	□ No
With what organization(s) have you volunteered?		
Are you fluent in any language other than English?	☐ Yes	□ No
Please list:		
Please indicate if you have experience in the following:		
☐ Gardening/Horticulture		
☐ Teaching Children		
☐ Adult Education		
☐ Customer Service		
☐ Event Set-Up		
☐ Office/Administrative Work		
Are you willing to work outdoors in a variety of conditions?	☐ Yes	□ No
Are you willing to stand or walk for long periods of time?	☐ Yes	□ No
Do you enjoy engaging with the public?	☐ Yes	□ No
Please describe what interests you about volunteering at Wav	e Hill:	