VOLUNTEERING AT CALIFORNIA BOTANIC GARDEN

Thank you for your interest in becoming a volunteer at California Botanic Garden (CalBG). Our active volunteers are an invaluable resource and play a vital role in the mission of the Garden “to advance knowledge, conservation, and appreciation of California native plants.” Volunteers assist in a myriad of ways to inform and educate the public about native flora and help Garden staff maintain its living and research collections. Benefits of volunteering include the opportunity to gain valuable knowledge and receive hands-on experience through association with professionals in research, horticulture, and education.

The CalBG Volunteer Organization, made up of the Garden’s active adult volunteers, provides its members with social and enrichment opportunities. Monthly board meetings and quarterly luncheons are held to keep the volunteers apprised of happenings in the Garden. There are many levels of commitment from periodic events to weekly scheduled participation. Volunteers typically contribute at least 30 hours annually. We invite you to give your time, gain new skills, and make new friends at CalBG!

REQUIREMENTS TO BECOME A CALBG VOLUNTEER:

☐ Submit a completed volunteer application. Agree to an interview with the Volunteer Coordinator. Bring two forms of valid identification (driver’s license, RealID, social security card, passport) to the interview.

☐ Become a member of CalBG, which permits free access to the Garden even when not volunteering. There are many levels of membership to choose from (visit www.calbg.org/membership for information).

☐ All adult (> 18 years old) volunteers must successfully pass a background check and complete a live scan fingerprinting process.

☐ Complete the New Volunteer Orientation Course, “CalBG 101”: This is our basic training for new volunteers. It provides an excellent overview of the Garden, its mission and its variety of programs, services, departments, and activities. It offers insight into the many ways you can get involved as a volunteer and gives you the chance to meet and connect with Garden staff members and fellow new volunteers.

☐ Log into your Volgistics account, which will be created for you as part of the onboarding. Volunteer opportunities and service hours are tracked through the Volgistics online program. Volunteer hours are recorded to assist in the Garden's pursuit of grants and funding.

It may be possible for you to begin volunteering prior to completion of the formal training course. This will be determined on an individual basis where appropriate or necessary. Volunteers are eligible for the formal service recognition (including awards and pins at our annual Volunteer Appreciation Dinner) based on their hours recorded on Volgistics.

Please return this completed form or direct inquiries via email to:
Patty Nueva Espana
pespana@calbg.org
VOLUNTEER APPLICATION FORM

Volunteer Name: ____________________________________________________________

Primary Phone: ___________________________ home/mobile (circle one) Date of Birth: ___________________

Secondary Phone: ___________________________ home/mobile (circle one) Email: ___________________________

Address: __________________________________________________________________________ Zip _____________

Education: __________________________________________________________________________

Are you a full time student? _____ Yes _____ No (Membership requirement is waived for full-time students with ID)

Are you currently a member of the Garden? _____ Yes _____ No If Yes, Membership Expiration Date: ____________

VOLUNTEER POSITION DESCRIPTIONS AND INTEREST

Please take a moment to indicate which areas of service may be of interest to you (check all that apply).

While some areas may not currently be accepting new volunteers, your interest will help us gauge interest for future openings.

☐ Bench and Leaf Brigade: Help ensure our benches and pathways are kept presentable. Work with provided cleaning materials and equipment. Flexible schedule.

☐ Event Support: Help with a variety of roles during our special community events at the Garden (e.g. set-up, registration, demonstrations, path monitors, food and beverage sales). Positions are defined by the unique needs of the event.

☐ Garden Guides and Educational Tour Support: Be involved in leading tours for adults, scouts, students; acquaint garden guests with a greater appreciation for native plants. Additional training required and will be provided.

☐ Grounds Work Crew: Help maintain the living collection by weeding, raking, pruning, watering, and myriad tasks on grounds working with horticulturists. Regularly scheduled times on weekdays and Saturdays

☐ Herbarium Volunteer: Prepare and mount dried plant specimens for the Garden’s scientific collections. Training is required and provided. Weekdays only.

☐ Library Assistant: Assist in a variety of tasks in our sizable collection of books, periodicals and special collections. Training is required and provided. Weekdays only.

☐ Membership and/or Community Outreach: Advancement Office Assistant: Assist with bulk mailings, office tasks and onsite member events. Outreach: Assist with tabling at offsite community events and distribute promotional materials.

☐ Nursery/Greenhouse Assistant: Assist with cultivation and care of plants in the nursery, including watering, weeding, propagation and plant health. Regularly scheduled times weekdays and weekends.

☐ Native Designs: Assist with maintaining flower garden, harvesting and arranging native flowers.

☐ Tram Drivers: Drive guests to and from special events in Garden. Training will be provided; valid driver’s license required.
You can also become involved with other activities and opportunities within the Volunteer Organization, including Hospitality, Volunteer Enrichment, Volunteer Library, and the Oak Notes Newsletter. More information will be provided during onboarding.

When are you available to volunteer? (please specify hours. *Note: Garden is closed to the public on Mondays)

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List any skills and experience that may be relevant and that you would like to use in your volunteer work.

_____________________________________________________________________________________________

________________________________________________________________________________________________

The information requested below is necessary for the position for which you are applying. A “yes” answer will not necessarily disqualify you but the nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position may, however, be considered. Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? _____Yes _____No
(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old and convictions that have been judicially dismissed or ordered sealed pursuant to law.)

If Yes, state nature of the crime(s), when and where convicted, and disposition of the case:
(Attach a separate sheet if necessary)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

**EMERGENCY INFORMATION**

**Emergency Contact #1:**

Name: ____________________________ Relationship: ____________________________
Primary Phone: ______________ home/mobile Secondary Phone: ______________ work/mobile
Address: ____________________________ City/State/Zip: ____________________________

**Emergency Contact #2:**

Name: ____________________________ Relationship: ____________________________
Primary Phone: ______________ home/mobile Secondary Phone: ______________ work/mobile
Address: ____________________________ City/State/Zip: ____________________________
Health Information:

Physician's Name: ___________________________________ Phone: ____________________________

Health Insurance: ____________________________ Hospital: ________________________________

Please describe any medical conditions we should be aware of: ________________________________
________________________________________________________________________________________

Vehicle/s Information:

(1) Make: ___________________ Model: ______________ Color __________ License Plate: __________

(2) Make: ___________________ Model: ______________ Color __________ License Plate: __________

CONSENT TO THE USE OF PERSONAL INFORMATION

California Botanic Garden keeps a record of the personal data you submit to operate the Volunteer Program and for use in case of emergencies. Your contact information (residence, phone number, email address) is also entered into the Volgistics software that enables volunteers to receive emails about volunteer opportunities, sign up for openings and track service hours. Your contact information may be shared with the officers of the CalBG Volunteer Organization when needed for the purposes of volunteering. We treat your information as private and will not sell, share, rent or trade your information with third parties. Please note that you can withdraw your consent at any time, asking the organization to remove your personal details. However, this will conclude your ability to volunteer with the CalBG Volunteer Organization.

I have read and understood the above and consent to my information being held by California Botanic Garden for the purposes of my volunteering and being shared with individuals in the organization involved in my volunteering.

Volunteer Signature: ___________________________________________________________ Date: __________________________