

How did you learn about our volunteer program? _____

References:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Emergency contact information:

Name: _____

Address: _____

Phone# _____ E-mail _____

Availability:

Date available to begin: _____ Can you volunteer weekly? _____

Available days: _____ Available hours: _____

May we include your phone number in the volunteer database ? (Available to Rutgers Gardens employees and volunteers only)

Yes _____ No _____

Do you have any criminal or civil charges pending against you?

Yes _____ No _____ If yes, please explain _____

Photo Release (optional)

Will you give Rutgers permission to record your image and grant Rutgers all rights to use this still or moving images in any medium for educational, promotional, advertising, or other purposes that support the mission of the university. I agree that all rights to the still or moving images belong to Rutgers.

Yes _____ No _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN APPLICATION TO THE VOLUNTEER COORDINATOR AT THE RUTGERS GARDEN.