



Elizabeth Park
CONSERVANCY

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the Conservancy. Please print, complete and submit this application and our Volunteer Coordinator will contact you.

Name: _____ Phone: _____

Address: _____

Email: _____ Are you 18 or older? _____

What is your employment status? Full time _____ Part time _____ Retired _____ Student _____

What interests you about volunteering with the Conservancy? _____

Do you know any of our current volunteers? _____ If yes, who? _____

Have you volunteered with Elizabeth Park Conservancy or the Friends of Elizabeth Park in the past? _____ If yes, when? _____

Please describe your gardening experience and/or interests: _____

Do you have any specialized training/education in horticulture (degree or certification)? _____

Do you currently volunteer with other organizations? _____ If yes, which? _____



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If you've volunteered with other organizations in the past, which one(s) and when?

Do you need to complete a specific amount of volunteer hours by a certain date? ____ If yes, are they for: Work____ School____ Other_____

What is your availability? Select all that apply:

Monday____ Morning____ Afternoon____

Tuesday____ Morning____ Afternoon____

Wednesday____ Morning____ Afternoon____

Thursday____ Morning____ Afternoon____

Friday____ Morning____ Afternoon____

Saturday____ Morning____

Please print and mail the completed Volunteer Application to:

Elizabeth Park Conservancy
Attention: Volunteer Coordinator
1561 Asylum Avenue
West Hartford, CT 06117