



FOR AREA SUPERVISORS ONLY: Assignment _____ Area Supervisor _____ Start Date _____
FOR OFFICE USE ONLY: <input type="checkbox"/> UW 1457 submitted, checked & filed <input type="checkbox"/> Active Volunteer <input type="checkbox"/> Inactive Volunteer <input type="checkbox"/> Added to Mailing List

UW BOTANIC GARDENS
CENTER FOR URBAN HORTICULTURE, WASHINGTON PARK ARBORETUM,
ELISABETH C. MILLER LIBRARY, OTIS DOUGLAS HYDE HERBARIUM, UNION BAY NATURAL AREA,
WASHINGTON RARE PLANT CARE AND CONSERVATION

VOLUNTEER APPLICATION FORM

Please submit this in your own handwriting.

TODAY'S DATE _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ E MAIL _____

Mark your preferred phone with an asterisk.	HOME PHONE () _____	WORK PHONE () _____
	CELL PHONE () _____	FAX () _____

TIMES AVAILABLE (weekdays, evenings, afternoons, weekends, etc.) _____

HOW MANY DAYS per month or season are you available? _____

REASON FOR WANTING TO VOLUNTEER (Use back for more space) _____

VOLUNTEER POSITION DESIRED (Please check no more than four and indicate top preference):

Please visit the UW Botanic Gardens website for complete volunteer job descriptions: www.uwbotanicgardens.org

- | | | |
|---------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Library Assistant | <input type="checkbox"/> Union Bay Gardener Assistant | <input type="checkbox"/> Plant Records Aide |
| <input type="checkbox"/> Union Bay Receptionist | <input type="checkbox"/> WPA Gardener Assistant | <input type="checkbox"/> WPA Arborist Assistant |
| <input type="checkbox"/> WPA Graham Visitor Cntr Receptionist | <input type="checkbox"/> Plant Production Assistant | <input type="checkbox"/> Research Project Assistant |
| <input type="checkbox"/> WPA Guide | <input type="checkbox"/> Herbarium Specimen Collector | <input type="checkbox"/> Rare Care Monitor/Seed Collector |
| <input type="checkbox"/> WPA Saplings School Program Guide | <input type="checkbox"/> Herbarium Plant Identifier | <input type="checkbox"/> Rare Care Seed Vault Asst/General Asst |
| <input type="checkbox"/> Class Monitor | <input type="checkbox"/> Seed Exchange Assistant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special Events/Outreach Assistant | <input type="checkbox"/> Administration/Office Assistant | |

RELEVANT EXPERIENCE (Paid or Volunteer Positions):

Use the back of this sheet if you would like to provide more detailed descriptions of your work experiences.

Company/Organization	Duties	Dates

SPECIAL SKILLS:

- | | | |
|-------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Audio Visual Equipment | <input type="checkbox"/> Receptionist/Multi-line Phones | <input type="checkbox"/> Public Speaking/Teaching/Tours |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography | <input type="checkbox"/> Working with Children/Teaching |
| <input type="checkbox"/> Office Skills | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Web design/maintenance |
| <input type="checkbox"/> Library Experience | <input type="checkbox"/> Plant ID | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computers (specify software) _____ | | |

EDUCATION (Please list any formal educational experience you have – *e.g.*, biology, botany, zoology, horticulture, environmental science, etc. – and the institution where it was obtained.):

Degree & field of study, or specific courses	Date Completed	Institution
Degree & field of study, or specific courses	Date Completed	Institution
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REFERENCES (Provide at least two professional or personal references. If applying for Rare Care’s **Rare Plant Monitoring and Seed Collecting Program**, please include at least one reference who is **knowledgeable about your botanical skills.**):

Name	Relationship	Phone Number
Name	Relationship	Phone Number

EMERGENCY CONTACTS (REQUIRED):

Name	Relationship	Phone Number
Name	Relationship	Phone Number

Space for additional info as needed:

If you are applying for RARE CARE’S RARE PLANT MONITORING AND SEED COLLECTING PROGRAM, you must also complete the attached “VOLUNTEER APPLICATION SUPPLEMENT.”

FOR ALL OTHER VOLUNTEER POSITIONS, send this completed 2-page application to:

**Rare Care
UW Botanic Gardens
Box 354115
Seattle, WA 98195-4115**

For Official Use Only:
Routing: Send original paperwork (pages 1 & 2) to Jean Robins, UWBG, Box 354115

WASHINGTON RARE PLANT CARE & CONSERVATION
UNIVERSITY OF WASHINGTON BOTANIC GARDENS
VOLUNTEER APPLICATION SUPPLEMENT
FOR RARE CARE'S
RARE PLANT MONITORING & SEED COLLECTING PROGRAM



FOR OFFICIAL USE ONLY:

Rec'd (date) _____
Ref's checked () _____
Accepted:
RPM/SC (date) _____
Other (specify & date) _____
Training invit ltr date sent _____
Vol Hndbk date sent _____
Vol Cert Form rec'd () _____
Entered: database () email () _____
Further action: _____

Please submit this in your own handwriting.

NAME: _____

FIELD EXPERIENCE. Rare plant monitoring and seed collecting require a high degree of certainty in identifying species (sometimes distinguishing between two very similar species) and in finding specific locations. Describe your experience or training in field activities (i.e., hiking, orienteering, plant identification, seed collecting, data collection, etc.). Please be specific.

TRAVEL. What distance are you willing to travel and/or what part of the state are you interested in?

HOW DID YOU LEARN about this volunteer opportunity?

PLEASE NOTE: Site visits are expected to take a full day and multiple visits may be necessary. Initial research on the plant and site may take several hours. Training is expected to take one full day each for both the plant monitoring and seed collecting.

Thank you for your interest. You will be notified of the date and location of our next training session if accepted into Rare Care's Rare Plant Monitoring and Seed Collecting Program.

Send this completed 3-page application to:

**Rare Care
UW Botanic Gardens
Box 354115
Seattle, WA 98195-4115**