



**Talmar Gardens and Horticultural Center
Volunteer Application Form**

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www.talmar.org

Thank you for taking the time to apply to volunteer for Therapeutic Alternatives of Maryland (**TALMAR**). This application form will help us efficiently identify the positions and jobs that are best suited to your experience and learning objectives. Please fill out this application to the best of your ability. *Please keep in mind that some of the questions may not apply to you.* If you have any questions about this application, please contact us.

_____ Date: _____
Last Name, First Name, Middle Initial

Home Address: _____

Home Phone: _____ Personal Email: _____

Current Employer: _____

Work Address: _____

Work Phone: _____ Work Email: _____

Position: _____ Time in Current Position _____

Cell Phone: _____

What is your preferred method of being contacted? _____

If licensed to practice a profession, please list the profession and the state in which licensed.

VOLUNTEER INTEREST

Are you volunteering at the Center in exchange for community service hours? Yes No

Are you a student? Yes No

If Yes, are you: Full Time Part-Time

If student, what school do you attend and where is it located?

Teacher/Instructor's Name, Telephone Number and E-mail Address:

Will your volunteer hours count towards school class credit? Yes No

VOLUNTEER EXPERIENCE

List previous experiences that would be helpful in working with people (volunteer, paid or educational).
(Continue on back if necessary.)

Activity	Organization	Date(s)
_____	_____	_____
_____	_____	_____

INTERESTS / SKILLS

Please indicate with a check mark which you would be willing to share as a TALMAR intern:

Skills: typing filing using copier record updating translation receptionist
 computer mailings word processing desktop publishing Internet web development
 research technical services training system design creating information sheets
 fundraising proposal writing technical writing nonprofit management public policy
 technology other office / computer skills; specify: _____

ADDITIONAL INTERESTS: landscaping gardening fresh flower arranging
 dried flower arranging designer greenhouse work delivery driver
 1:1 helper for Participants with disabilities sales of flowers at local farmers market
 facilitator for community Workshops light carpentry skills Other; specify: _____

Languages: If you are able to speak fluently, or read or write, any language other than English, please list the language(s):

Speak Fluently: _____ Read: _____ Write: _____

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AVAILABILITY

Approximately how much time do you feel you could volunteer (per week/month)? _____

How many months (if known) would you like to volunteer at the Center? _____

What is your preferred work schedule?

- (Check all applicable)
- _____ Daytime
 - _____ Evenings
 - _____ Weekdays
 - _____ Weekly
 - _____ Monthly

Preferred Schedule (if known):

Mon	Tues	Wed	Thurs	Fri	Sat

_____ Time Commitment Undecided

REFERENCES

Personal or professional references (Please exclude relatives.)

1. Name: _____ Phone: _____
Address: _____ City _____ State _____ ZIP _____

2. Name: _____ Phone: _____
Address: _____ City _____ State _____ ZIP _____

EMPLOYMENT HISTORY

Previous Employer #1

Company Name: _____ Phone: _____
Address: _____ City _____ State _____ ZIP _____
Position: _____ Dates of Employment: _____

Previous Employer #2

Company Name: _____ Phone: _____
Address: _____ City _____ State _____ ZIP _____
Position: _____ Dates of Employment: _____

Health Related Information

Are there any medical or health factors or limitations that we should be aware of? Yes No

If yes, please describe: _____

Do you require any special accommodations? Yes No

If yes, please describe: _____

EMERGENCY CONTACT INFORMATION

Primary Contact: Individual to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone #1: _____ Phone #2: _____

Secondary Contact: Individual to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone #1: _____ Phone #2: _____

Please acknowledge that the information provided in this application is accurate and correct to the best of your knowledge.

SIGNATURE _____ DATE _____

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK YOUR REFERENCES. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES FOR VOLUNTEERS AND INTERNS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

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Thank you for your interest in volunteering at TALMAR.