



Volunteer Application

Name: _____

Nickname or preferred name: _____

Previous Names: _____

Marital Status: _____ Spouse's/Partner's Name: _____

Are you a permanent resident? _____

OR part-time resident? _____ Months Available: _____

Local Address: _____

Alt. Address: _____

Phone(s): Home: _____ Cell: _____

Email: _____

Emergency Contact Information Name: _____

Relationship: _____

Phone: _____

Birthday (month/day/year): ____/____/____

Are you a Military Veteran? _____ Branch? _____ Years Served? _____

Do you have any relatives who are presently (or have formerly been) staff members or volunteers at Brookgreen Gardens? If yes, please list their names:

Have you previously been employed or volunteered at Brookgreen Gardens? _____

If so, when? _____

How were you referred to Brookgreen Gardens?

Are you currently a member of Brookgreen Gardens? _____

Have you ever been convicted of a crime other than a minor traffic violation?

Circle One: YES NO

(This question pertains only to convictions that have not been sealed or expunged.)

If yes, please state the citation, date, and place where the offense occurred:

Normal hours of operation at Brookgreen Gardens are 9:30 am – 5:00 pm.
Special Events such as Nights of a Thousand Candles are held in the evening hours.

What are your preferred days and times to work? Please Circle all that apply:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Do you have any medical or health limitations that would affect your job abilities at Brookgreen Gardens?

Please list a brief professional history (type of work you have done & where, you may include a resume if you wish although it is not required for consideration):

Please list any other skills or hobbies that you have:

You may attach a resume.

What are your areas of interest?

- | | |
|--|---|
| <input type="checkbox"/> Guest Services | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Art & Historical Collections | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Wildlife/Zoo | <input type="checkbox"/> Keepsakes Gift Shop |
| <input type="checkbox"/> Education | <input type="checkbox"/> Administrative Offices |
| <input type="checkbox"/> Facilities/Maintenance | <input type="checkbox"/> Private Events (weddings, functions) |
| <input type="checkbox"/> Horticulture/Greenhouse/Nursery | <input type="checkbox"/> Development |
| <input type="checkbox"/> Membership | |

Background Research Information

I understand that volunteering at Brookgreen Gardens will require a background check. I will be asked to sign a background check release form and I will be giving Brookgreen Gardens permission to conduct any background check necessary including driving or public records.

Applicant Signature: _____ Date: _____

THIS APPLICATION IS FOR VOLUNTEER OPPORTUNITIES AT
BROOKGREEN GARDENS

Volunteer Engagement
Brookgreen Gardens
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