

Williamsburg Area Botanical Garden Volunteer Application

CONTACT INFORMATION

Application Date: _____

Name _____

Home Address _____

City / State _____ Zip Code _____

Phone _____ Mobile: _____ OK to Text? YES NO

Mobile Preferred _____ Home: _____

Email Address* _____

PROGRAM INTERESTS	<input type="checkbox"/> Communications	<input type="checkbox"/> Development	<input type="checkbox"/> Education	<input type="checkbox"/> Garden Crew
	<input type="checkbox"/> Photo Team	<input type="checkbox"/> Special Events	<input type="checkbox"/> Administrative	<input type="checkbox"/> Other

SPECIAL SKILLS, TALENTS, or EXPERIENCE:

GARDENING SKILLS LEVEL	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
AFFILIATION(s) <i>Check all that apply, or leave blank if None</i>	<input type="checkbox"/> VCE Master Gardener	<input type="checkbox"/> VCE MG Tree Steward	<input type="checkbox"/> VCE Master Naturalist
	<input type="checkbox"/> Virginia Native Plant Society	<input type="checkbox"/> Garden Clubs of Virginia **	<input type="checkbox"/> Academic **
** Garden Club:			
** Academic Institution:			
Other (not listed above):			

PROVIDE TWO REFERENCES

1	Name	Relationship
	Email*	Phone*
2	Name	Relationship
	Email*	Phone*

***PRIVACY NOTICE:** Information you provide on this form is confidential and for the sole purpose of the WBG's Volunteer Team. Your email will be added to the WBG's eNews list to keep you informed of the WBG's activities. Your References will NOT be added to the eNews list or contacted for marketing or solicitation purposes.

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Waiver and Release of Liability and Indemnification Agreement between Volunteer and the Williamsburg Area Botanical Gardens

This waiver, release of liability and indemnification agreement (“Agreement”) is between _____ (“Volunteer”) and the Williamsburg Area Botanical Garden and its directors, officers, members, employees, agents, assigns, legal representatives and successors (collectively, “WBG”). This Agreement applies any time the Volunteer performs or undertakes to perform a service at, for or on behalf of WBG.

I certify that I am at least eighteen (18) years old and that I understand and agree to the following:

- a. I agree to waive and release WBG from all liability, claims, demands or costs that may be incurred for any reason, that result from or relate to any illness, death, damage, loss or injury to my person or property that has been or may be sustained as a direct or indirect consequence of volunteering at, for or on behalf of WBG, regardless of whether such illness, death, damage, loss or injury was caused or may have been caused in whole or part by any act or omission of WBG.
- b. I agree to indemnify WBG for any and all liability, claims, demands or costs WBG may incur as a result of my volunteering at, for or on behalf of WBG.
- c. I grant WBG the irrevocable and unrestricted right to use or publish photographs of me or in which I may be included for promotional or educational purposes in any manner or medium without my prior inspection or approval, and I release WBG from all liability, claims, demands, or costs related to such photographs.

The terms of this Agreement are contractual and not mere recitals. This Agreement will be governed by the laws of the Commonwealth of Virginia.

By signing this Agreement, I acknowledge that I have read and understand the Policies and Procedures of WBG and that I agree to abide by them.

I acknowledge and agree that I have read this Agreement and that I freely sign it. I understand that this Agreement may have important legal consequences and that I may seek legal advice before signing it. I understand that this Agreement is binding on me, my executors, administrators, personal representatives, agents, and assigns.

Signature

Date

Printed Name

Mail to: WBG Volunteers – P.O. Box 1577, Williamsburg, VA 23187-1577
OR Scan this completed form and email to: volunteers@wbgvagarden.org

Volunteer Application, Agreement, & Emergency Info – v: 10-2021

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VOLUNTEER EMERGENCY INFORMATION

VOLUNTEER'S INFORMATION

DATE

Name

Phone

Mobile:

Home:

LIST ANY MEDICAL CONDITION OR ALLERGY WE SHOULD KNOW ABOUT IN CASE OF EMERGENCY:

PRIMARY EMERGENCY CONTACT *

Name

Relationship

Phone Number(s)

SECONDARY EMERGENCY CONTACT *

Name

Relationship

Phone Number(s)

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