

Do you have any physical or medical disability that would prevent you from any assignment? _____

Are you fluent in any language other than English? _____ If yes, please specify. _____

Are you a member of Queens Botanical Garden? _____

REFERENCES: Please list two.

Name: _____ Address: _____

Daytime Phone: _____ E-mail: _____

Name: _____ Address: _____

Daytime Phone: _____ E-mail: _____

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I UNDERSTAND THAT VOLUNTARY SERVICES RENDERED TO THE QUEENS BOTANICAL GARDEN ARE NOT COMPENSATED. I RELEASE THE QUEENS BOTANICAL GARDEN FROM ANY LIABILITY OR RESPONSIBILITY FOR ANY PERSONAL INJURY I MIGHT SUSTAIN IN THE PERFORMANCE OF VOLUNTARY SERVICES.

Print Name: _____

Signature: _____ Date: _____

Internal use only: INT: _____ ACPT: _____

Mail completed form to:

Lois Schuman
Education Manager
Queens Botanical Garden
43-50 Main Street
Flushing, NY 11355