



# Volunteer Application

Please complete all sections.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Nickname)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthday (mm/dd): \_\_\_\_\_ 18 years or older:  YES  NO

How did you learn about our volunteer program?  Friend  Website  At the garden  At an outreach event

Are you a member of Lauritzen Gardens: YES  NO  Shirt Size: \_\_\_\_\_

**Emergency Contact Details** | Please give the name of the person we should contact in an emergency.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Employment

Are you currently:  Employed  Unemployed  Full-Time Student  Retired  Other

Employer/School (former employer if retired): \_\_\_\_\_

## Experience

Please check any that apply:

Nebraska Master Gardener  Iowa Master Gardener  Bilingual – Languages: \_\_\_\_\_

List skills/hobbies/interests/training which may assist you in your volunteer activities: \_\_\_\_\_

**Opportunities** | Please indicate which activities are of interest to you you by checking the adjacent box.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult tour guide      | <input type="checkbox"/> Flyer distribution      | <input type="checkbox"/> Outdoor horticulture |
| <input type="checkbox"/> Answering phones      | <input type="checkbox"/> Gift shop               | <input type="checkbox"/> Outreach events      |
| <input type="checkbox"/> Children's tour guide | <input type="checkbox"/> Indoor horticulture     | <input type="checkbox"/> Photography          |
| <input type="checkbox"/> Computer work         | <input type="checkbox"/> Library volunteer       | <input type="checkbox"/> Speaker's bureau     |
| <input type="checkbox"/> Curatorial work       | <input type="checkbox"/> Model railroad engineer | <input type="checkbox"/> Special events       |
| <input type="checkbox"/> Education volunteer   | <input type="checkbox"/> Office assistant        | <input type="checkbox"/> Wildlife trees       |
| <input type="checkbox"/> Exhibit docent        |  |   |

What do you hope to achieve through your volunteer work at Lauritzen Gardens?

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Have you taken horticulture courses (i.e. Master Gardener, college/university, etc.)? If so, please list the courses you have taken and the approximate dates you attended.

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Have you worked or volunteered at Lauritzen Gardens before? YES  NO

If yes, please explain: \_\_\_\_\_

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Are you currently volunteering with other organizations? YES  NO

If yes, please explain: \_\_\_\_\_

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Are there any work activities that you must avoid? (i.e. walking long distances, kneeling, etc.)

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Do you have any criminal or civil charges pending against you? YES  NO

If yes, please explain: \_\_\_\_\_

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The volunteer accepts the inherent risks of participation in an activity at Lauritzen Gardens and assumes full responsibility for any loss, injury, death, or damage to them, their family or their dependants arising in connection with their participation or the participation of their family. Participants in the volunteer program should have their own insurance appropriate to their needs and the needs of their family or dependents in respect of such loss, injury, death or damage.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## About the volunteer program at Lauritzen Gardens

The volunteer program at Lauritzen Gardens provides an opportunity for individuals to support the mission, principles, vision and operation of the garden. Lauritzen Gardens recognizes and appreciates the valuable contribution of time and talent that volunteers provide, and encourages the ongoing participation of volunteers in its day-to-day operations. The volunteer program provides an opportunity for individuals to utilize and share their skills, talents, experiences, hobbies, and interests while gaining knowledge and experience through interactions with staff, fellow volunteers and visitors.

Please return it the front desk, or mail to:

Volunteer Coordinator  
Lauritzen Gardens  
100 Bancroft Street  
Omaha, NE 68108

Thank you for taking the time to fill out this application. If you have any questions, contact Gabrielle Domenge-Geiger, Volunteer Coordinator, at (402) 346-4002, ext. 263 (Monday through Friday, 8:30 to noon and 1 to 5 p.m.), or via email at [g.geiger@omahabotanicalgardens.org](mailto:g.geiger@omahabotanicalgardens.org).

## Notification of and authorization for procurement of consumer report .....

In conjunction with my volunteer services with Lauritzen Gardens, I understand that you may obtain "Consumer Reports" about me as defined in the Fair Credit Reporting Act (FCRA). These "Consumer Reports" will include a search for criminal records and the National Sex Offender Registry.

I understand that you may rely on any or all of the above referenced information in determining suitability for a volunteer position. If you contemplate making an adverse decision that will affect me based, in whole or in part, upon a "Consumer Report," I will be provided with a pre-adverse action disclosure, as well as a copy of the "Consumer Report" and a written summary of my "Consumer Rights" under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize Lauritzen Gardens or its authorized agents to obtain the above referenced information about me. This authorization shall remain on file and shall serve as an ongoing authorization to obtain "Consumer Reports" about me at any time during my service with Lauritzen Gardens. A photocopy or facsimile of this authorization shall be as valid as the original.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**NOTE- IF YOU ARE UNDER THE AGE OF 19, A PARENT OR GUARDIAN IS REQUIRED TO SIGN BELOW**

I \_\_\_\_\_ (Parent/Guardian), give my consent and authorize Cyberchek, LLC to  
(PRINT NAME)  
perform a background check on \_\_\_\_\_ and release their findings to Lauritzen  
(PRINT NAME)  
Gardens. I also understand that Juvenile Court records are not reportable for this background check.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SEE THE REVERSE SIDE FOR APPLICANT INFORMATION**

# Applicant Information .....

\_\_\_\_\_  
(PRINT LAST NAME) (PRINT FIRST NAME) (MIDDLE INITIAL)

-   -   DATE OF BIRTH (for identification purposes only)

Other LEGAL names used within the past seven (7) years \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CURRENT ADDRESS

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## PREVIOUS ADDRESSES- List all previous addresses for the past seven years (Use separate page if necessary)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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