



KCCG VOLUNTEER APPLICATION

Name: _____ Application Date: _____

Email: _____ Phone Number: _____

Address: _____

Date(s) available for volunteering: _____ or preferred day of the week: M T W Th F S

Number of volunteer hours desired: _____

Please check the box if you DO NOT give KCCG permission to use pictures taken of you during volunteer activities for our social media, website or publications.

If you are bringing a group of volunteers, please complete the following:

Business/organization name: _____ Position at Organization: _____

Number of Volunteers: _____ Age Range of Volunteers: _____

Secondary Contact (Name and Phone): _____

Please check the program(s) that you would be most interested in volunteering with:

General KCCG

Fall Family Festival

Community Partner Gardens

Gardens at Sunset

Schoolyard Gardens

Any

Giving Grove (micro-orchards)

Other: _____

Beanstalk Children's Garden

Please circle skill sets that you have:

General Hands-On Labor

Organizational and Computer Skills

Garden Construction

Vegetable garden knowledge

General Routine Garden Care (Weeding, Watering, Mulching)

Working with kids (may require background check)

Seed Packaging

Customer service

Office Support

Spring, Summer, Fall Sales Events

Other: _____

Please write down any important information we should be aware of such as other work interests, work limitations, etc.