



SAWTOOTH BOTANICAL GARDEN
Volunteer Form

Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Best Way to Reach You: _____
Who can we thank for referring you to the Garden: _____

When are you available? (Please check all that apply)

____ Weekdays ____ Summer Preferred Days:
____ Weekends ____ Fall ____ Mon ____ Thu ____ Sun
____ Evenings ____ Winter ____ Tue ____ Fri
____ Days ____ Spring ____ Wed ____ Sat

What types of work are you willing to help with? (Please check all that apply)

Gardening

Gardening

Administrative

- Reception
 Assist with mailings
 Data Entry
 Community Supported
Agriculture Program

Events & Programs

- Children's Program
 Garden Tour/Benefit
 Children's Activities
 Plant Sale or Bulb Sale

Do you have any special skills that we should know about? (Please check all that apply)

____ Master Gardener or Extensive Gardening Skills
____ EMT or First Aid Training
____ Elementary or Secondary School Teacher
____ Computer Skills

Do you have children or grandchildren involved in our programs?

____ Yes!
____ No, but please send me info about your children's programs

Emergency Contact Information: _____

Please return this form to the Sawtooth Botanical Garden. You can fax it to us at 726-5435,
mail it to PO Box 928, Sun Valley 83353 or drop it off at the office.

Thank you for your interest in volunteering!