



**University of Nebraska-Lincoln**  
***Garden Volunteer Program Application***

Personal Information:

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Volunteer Job Opportunities: (check those that interest you)

- |   |  |
|---|--|
| <input type="checkbox"/> Weeding assigned planting beds   | <input type="checkbox"/> Watering plants                                     |
| <input type="checkbox"/> Picking up ground litter         | <input type="checkbox"/> Planting/Transplanting perennials, shrubs and trees |
| <input type="checkbox"/> Bed Edging                       | <input type="checkbox"/> Mulching  |
| <input type="checkbox"/> Raking leaves                    | <input type="checkbox"/> Deadheading/Seed cutting of perennials              |
| <input type="checkbox"/> Staking perennials               | <input type="checkbox"/> Potting up plants in the nursery                    |
| <input type="checkbox"/> Working in nursery trial gardens |  |

Please Provide the Following Information:

Horticulture Experience: \_\_\_\_\_

Education, workshops, seminars, certificates, or other special training: \_\_\_\_\_

\_\_\_\_\_

Do you have health insurance?  Yes  No

Briefly describe why you want to volunteer with the University of Nebraska-Lincoln Garden Program:

\_\_\_\_\_

\_\_\_\_\_

Check available days:  Tuesday  Thursday  Saturday

To submit application mail to/drop off at:

UNL Landscape Services  
1309 N 17<sup>th</sup> St  
Lincoln, NE 68588-0663  
(402) 472-2679