

Roger Williams Park Botanical Center & Gardens | **Volunteer Placement Application**  
1000 Elmwood Avenue · Providence, RI 02907 · 401-785-9450 ext. 250

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Are you 18 or older? ☐ Yes ☐ No

Education: Circle last year completed:

Grades: 8 9 10 11 12

College: 1 2 3 4

Graduate/Post Graduate School: 1 2 3 4

Other: \_\_\_\_\_

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

Are you currently employed? ☐ Yes ☐ No  
Employer's Name: \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Have you ever been a RWP Botanical Center employee or volunteer? ☐ Yes ☐ No  
If yes, when and in what capacity? \_\_\_\_\_

Current or previous volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

Are there any volunteer activities you must avoid? Medical issues, allergies, etc.? \_\_\_\_\_

Why are you interested in becoming a volunteer for the Botanical Center? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal felony? ☐ Yes ☐ No  
If yes, please explain the nature of the crime and the date of the conviction and disposition. A conviction is not an automatic bar to volunteer service. Each case will be considered on its own merits. \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Availability: ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Sun.

Hours available: \_\_\_\_\_

What times do you prefer? ☐ Morning ☐ Afternoon ☐ Evenings/Special Events

**Statement of Understanding**

By signing, I have read and understand the requirements for becoming a Roger Williams Park Botanical center volunteer stated on reverse side.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1000 Elmwood Avenue • Providence, RI 02907 • 401 785 9450 x 250 • RWBotanicalcenter@gmail.com

## **Statement of Understanding**

This is an application to serve as a volunteer with the Roger Williams Park Botanical Center. Volunteers are not employees of the Garden and do not receive monetary compensation. All qualified volunteer applications will receive consideration without regard to race, color, sex (including pregnancy, childbirth, or related medical conditions), religion, national origin, citizenship, age, sexual orientation, disability, veteran status, marital status, or any other basis prohibited by law. If accommodation assistance is needed to complete this application and/or volunteer application process, please contact the Volunteer Program Office (401) 785-9450 ext. 250.

The information in this application is true and complete and I have not knowingly withheld any information. I understand that misrepresentations or omissions may be cause for my immediate rejection as a volunteer applicant or my termination as a volunteer. I authorize verification of all information contained in this application. As a volunteer of the Roger Williams Park Botanical Center, I agree to follow all Center guidelines and policies. I am aware that the Botanical Center has the right to release me from service at any time, just as I have the right to withdraw from volunteer service at any time.

I recognize that the Botanical Center may record, film, photograph, audiotape, or videotape my name, image, likeness, or volunteer work, and I grant permission to the Botanical Center to display, publish, distribute, or exhibit such for purpose of and in connection with any material that may be created by the Botanical Center

As consideration for the Botanical Center's decision to allow me to serve as a volunteer for the Center, I hereby fully and forever release and discharge the Roger Williams Park Botanical Center, its affiliates, members, directors, officers, employees, agents, and representatives (collectively, the "Releasees") from any and all liability for claims of injury, death, economic damage, property damage, costs, liabilities, expenses, losses, fines, and obligations of any nature (including reasonable attorneys' fees) that are caused by negligence or fault on the part of any of the Releasees in connection with my volunteering with the Botanical Center or as a result of or during any of the Releasees' administering of first aid or seeking of medical care for me. Furthermore I agree that this Form shall be governed in every respect by the laws of the State of Rhode Island & the City of Providence. This release of liability does not purport to release the Releasees from liability for intentional torts, gross negligence, or activities involving the public interest.

I understand the Botanical Center is a smoke-free environment.