

Volunteer Application

To become a
 “Friend of the Cochrane
 District Master Gardeners”



Contact Information

Name	
Street Address	
City/ Postal Code	
Home Phone	
Cell Phone	May we TEXT this number? Y N
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings Other?
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration – folding brochures, assembling kits, filling envelopes
 Events – Ask a Master Gardener Table (helping event coordinator) – workshop setup/ take down
 Field work – gardening on CDMG approved projects
 Fundraising – plant sales – other?
 Deliveries – put up posters - mailings
 Other?

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies.

