

For Office Use Only

Date received: _____
 Background check: _____
 Placement location: _____
 Placement date: _____

APPLICATION FOR SENIOR GARDEN VOLUNTEER

The Rise Community Garden (RCG) is a Wichita Public Library program, an organic community garden operating on City of Wichita property. The RCG Mission is supporting education and expanding food access in the Angelou Service Area, and the RCG Vision, drawn from the late Ms. Angelou's "Still I Rise," is empowering people to rise together and grow community as well as food.

The Senior Garden Volunteer must demonstrate interest in and knowledgeability about horticulture, a willingness to teach and to learn, and exemplary interpersonal skills. They will serve up to forty-eight hours per month, including two to four hours per week on specific days and up to ten hours per week during busy growing seasons. Duties broadly include supporting the day-to-day operation of the RCG, submitting operations reports to the RCG Steering Committee, training and supervising volunteers, and serving as a community liaison, answering general gardening questions and connecting the community to RCG and WPL resources.

All applicants will be considered without discrimination due to race, creed, color, sex, age, national origin, gender, physical disability, or veteran status. Application submission does not guarantee placement as a Senior Garden Volunteer. Applicants must be at least eighteen years of age, currently reside in Sedgwick County, and have a high school diploma or equivalency.

The following information will assist in making the most appropriate volunteer placement. An interview will be arranged after the completed application is returned. The information provided in this form will be used to conduct a background check. Thank you for your interest in volunteering with the RCG program.

Name	First	Last									
Contact #	This is my	Home	Cell	Other _____	Telephone	This is my		Home	Cell	Other _____	Telephone
Address	Street Address				City	State	Zip Code				
Email							Date of Birth (MM/DD/YYYY)				
Age	Minor (under age 18)		Adult (age 18+) (must complete background form)								
Do you have any relatives who work for the Library? _____ No _____ If yes, please list name(s) and location(s) _____											
Why do you want to volunteer at the Library?											
Time Commitment Frequency						Number of Hours per Week					
Short term (less than 2 mos.)						1-2 hours per week					
Long term (more than 2 mos.)						3-4 hours per week					
Regular weekly schedule						5-6 hours per week					
Sporadically/Events only						more					
When are you available to volunteer?											
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday				
Hours											

<input type="checkbox"/> Rainwater	<input type="checkbox"/> Flower Bed oversight	<input type="checkbox"/> Composte oversight
<input type="checkbox"/> Community Partner	<input type="checkbox"/> weeding/watering	<input type="checkbox"/> Other _____

What skills do you have that would be relevant to community garden care?

What previous gardening work experience do you have?

References (please list two references who are not relatives)

Name		Telephone
Address	Relationship to you	
Name		Telephone
Address	Relationship to you	

I certify that the information provided on this application is true to the best of my knowledge. I understand that I am not guaranteed an interview or assignment to a volunteer position at the Wichita Public Library. Your signature verifies that you consent to a background check using the information provided on this form.

Signature _____ Date _____

If under the age of 18, a parent/guardian must also sign.
I give my permission for my child to volunteer at the Wichita Public Library.

Signature _____ Date _____

You may drop off completed application at the Angelou Branch or Advanced Learning Library. Or you may send your completed application by either:

Postal Mail: Wichita Public Library
711 West 2nd
Wichita, KS 67203

Email:
admin@wichitalibrary.org