



FOR OFFICE USE ONLY

SENT TO HR: _____

APPROVED: _____

Roger Williams Park Botanical Center Volunteer Application

Date of Application: _____ Preferred pronouns (optional): she/her___ he/him___ they/them___

Name: _____

Address: _____

E-mail: _____ *our primary way of communication.

Phone: _____

Emergency contact: _____ Emergency #: _____

Do you have any known plant allergies? (example: poison ivy) yes___ no___

If yes, please list: _____

How did you hear about RWPBC? _____

How often would you like to volunteer? _____

What days are you available to volunteer? (check all that apply)

MONDAY___ TUESDAY___ WEDNESDAY___ THURSDAY___ FRIDAY___ SATURDAY___ SUNDAY___

How would you like to volunteer? Please check all that apply and comment if a task interests you.

PLANT CARE _____

SUMMER GARDEN, VEGETABLE DONATION GARDEN, PROPAGATION, CUT FLOWER GARDEN, CARNIVOROUS BOG, DESERT PLANTS, FLAVOR LAB, CITRUS TREES, ORCHIDS, EDIBLE FOREST

GOAT CARE _____

8AM BREAKFAST/WALK, LATE MORNING WALK, MIDDAY WALK, 2PM WALK/DINNER, MENTORING NEW VOLUNTEERS. *ALL SHIFTS INCLUDE ENCLOSURE CARE

ADULT PROGRAMING _____

DOCENT, LEADING PLANT WORKSHOP, LEADING ART WORKSHOP, MENTORING NEW VOLUNTEERS

CHILDREN PROGRAMING _____

SCHOOL FIELD TRIPS, MENTORING HIGH SCHOOL SENIORS, WORKING WITH MET STUDENTS (W&F), FAMILY FUN CRAFT DAY, CHILDREN'S GARDEN, CREATING ACTIVITIES

SPECIAL EVENTS _____

FAIRY GARDEN DAYS, WREATH WORKSHOP, JUST IN TIME ART SALE, SEASONAL DÉCOR

OFFICE HELP _____

POSTING UPCOMING EVENTS IN ONLINE COMMUNITY CALENDARS, HANGING EVENT FLYERS, SOCIAL MEDIA, RESEARCHING/WRITING GRANTS, ORGANIZING & STORING SUPPLIES

ROGER WILLIAMS PARK BOTANICAL CENTER

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Phone: 401-680-7263 | Fax: 401-941-5920

www.providenceri.gov/botanical-center



CITY OF PROVIDENCE
Jorge O. Elorza, Mayor



Roger Williams Park Botanical Center Volunteer Agreement

For value received, and upon signing and submitting this Volunteer Acknowledgment and Waiver, I confirm that I wish to participate in the Roger Williams Park Botanical Center (RWPBC) Volunteer Program as a volunteer and contribute to the mission of the RWPBC to establish a multi-purpose space for experiencing our plant collection, evoking memories, and inspiring a connection and better understanding of the natural world. I confirm and acknowledge that my services are voluntarily offered and are rendered as a RWPBC non-compensated volunteer to assist with the general activities and programs associated with the RWPBC. I agree to abide by the RWPBC policies and procedures, as well as all state, federal, and local laws. I also understand that since my services at the RWPBC are voluntary, either the RWPBC or I may terminate them at any time, with or without cause. I understand that the term of this agreement is applicable during a one year period.

Risk Acknowledgement: ___ I understand that my volunteer participation and any travel associated with it, could involve risk of bodily injury, property damage, or death and I accept and fully understand these risks. I acknowledge that it is the responsibility of each volunteer to participate only in those activities of which he/she is physically capable, and understand that I may decline to do any activity at any time, including travel.

Insurance: ___ I understand that my services and participation are rendered as a volunteer in a non-employee capacity, therefore employee benefits, such as health insurance cannot be offered and workers compensation is not applicable. I acknowledge that any accident insurance coverage that the RWPBC may carry applicable to volunteers would be secondary and excess to all other applicable insurance policies, including, but not limited to any health care and auto insurance coverage I may have. I acknowledge that I am responsible for obtaining and sustaining my own health and auto insurance coverage.

Emergency Medical Treatment: ___ Should I become injured or ill during my volunteer activities, I hereby grant the RWPBC full authority to obtain emergency medical services for me at their discretion, or if I am unable to; and I accept responsibility for any related costs thereof, and release the RWPBC and their related staff, representatives or host organizations from liability for such decisions.

Liability Waiver and Indemnification: ___ Furthermore, in consideration of the opportunity afforded me, with full knowledge and appreciation of the risks involved, I hereby agree to indemnify, release and hold harmless; RWPBC, Roger Williams Park, the Providence Park System or the City of Providence, their employees, representatives, agents and host organizations from all form and manner of risks inherent or relating to such activities and I waive all claims and demands of any nature arising from my volunteer participation and related travel. I agree and understand that this liability waiver and indemnification will extend beyond the dates of this agreement.

I hereby acknowledge that I have had the opportunity to review this form and have it reviewed by legal counsel if necessary. I understand the foregoing and hereby agree to be bound by the same.

Printed Volunteer Name: _____

Signature of Volunteer: _____ **Date:** _____



CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

**All applicants are subject to a BCI before being eligible to volunteer with City of Providence.*

PLEASE PRINT

First Name **Last Name**

Position and Department Volunteer - RWP Botanical Center - Parks Department - City of Providence.....

Address **City/State/Zip.**

Telephone **Social Security #**

Date of Birth..... **Driver's License #**.....

I understand that as part of my application, the employer may conduct a background check. In the event a B.C.I. report is reviewed, no information prohibited by statute will be considered by this employer.

I agree to the same.

Your Signature _____ **Date** _____

NOREC	DLC
YESRECNOWK	CDL
YESRECAPPT	CDLPREMPLTST
HR REP	CDLTRN
DEPTNTFD	BBPTRN
ORN	BBPVCN
DOH	

HUMAN RESOURCES