

The North Country Community Garden  
*Membership and Recruitment*  
**VOLUNTEER APPLICATION FORM**

NAME: \_\_\_\_\_ MI: \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_

MEMBER NUMBER: \_\_\_\_\_

WHAT YEAR DID YOU BECOME A MEMBER (YYYY)? \_\_\_\_\_

WHICH ORGANIZATION DO YOU WANT TO VOLUNTEER FOR? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT DAYS ARE YOU AVAILABLE? (Circle all that apply)

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

WHAT TIMES ARE YOU AVAILABLE? \_\_\_\_\_

\_\_\_\_\_

**COMPLETE THE FOLLOWING**

HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

ARE YOU EMPLOYED? (Circle One)                      Yes                      No

IF YES, CURRENT EMPLOYER: \_\_\_\_\_

YEARS WORKING FOR EMPLOYER: \_\_\_\_\_

PERSONAL REFERENCE (NO. 1) (List name, relationship, and contact information):

\_\_\_\_\_  
\_\_\_\_\_

PERSONAL REFERENCE (NO. 2) (List name, relationship, and contact information):

\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATION: \_\_\_\_\_

PHONE: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY:                      Yes                      No

**FAILURE TO ANSWER CORRECTLY WILL RESULT IN YOUR DISQUALIFICATION FROM VOLUNTEERING,  
AND SUSPENSION FROM THE NORTH COUNTRY COMMUNITY GARDEN IMMEDIATELY.**

IF YES, DESCRIBE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, you hereby attest that all information contained herein is correct. I hereby confirm, defend, and attest that I am a current member of the North Country Community Garden, and by completing this process, I am bound by the terms and conditions set forth in my Membership Form.

SIGNATURE: \_\_\_\_\_

DATE (MM/DD/YYYY): \_\_\_\_\_

**DO NOT WRITE ON THIS PAGE.**

**APPROVAL OF REGISTRATION FORM**

I, \_\_\_\_\_, the executing officer who has been granted authority by the appropriate authorized authority, affirm that I have viewed, read, and understood the contents of this document, and believe that I have made the best decision regarding applicant status. I also affirm and hold that I have viewed the applicant holistically and have viewed the applicant as equally as all others. I hereby agree that I have been granted the appropriate authority to approve and deny this form. I hereby sign and validate this document and promise to honor my decision of admittance or rejection.

Signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

Member Number:

\_\_\_\_\_

Member ID Code:

\_\_\_\_\_

Please circle the approval status of the applicant.

Approval Status:          APPROVED                  DENIED

Please Stamp



File No.: \_\_\_\_\_ Storage Location Code: \_\_\_\_\_