



FREDERIK MEIJER
Gardens & Sculpture Park

Volunteer Application

INSTRUCTIONS: Please print your answers and complete the application in full.
All information will be strictly confidential.

PERSONAL INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street City Zip

Home Phone: () _____ - _____ **Cell Phone:** () _____ - _____

Alternate Phone: () _____ - _____

Email Address: _____
Please note that we do not share or sell email addresses and only use it when we need help or to share information.

Date of Birth: (month/day) _____ / _____ **If under 18, year of birth:** _____ / _____

EDUCATION

High School graduate? YES NO

Undergraduate degree? YES NO **Major Field of Study:** _____

Graduate degree? YES NO **Major Field of Study:** _____

Do you speak a foreign language?
 Spanish French German Japanese Other _____
 Sign Language

EMERGENCY CONTACT

Name: _____ **Phone:** () _____ **Relationship:** _____

Frederik Meijer Gardens & Sculpture Park

Volunteer Application

VOLUNTEER EXPERIENCE

Have you ever volunteered before? YES NO

Where? _____ How long? _____

Describe any previous work or volunteer experience that may be relevant to volunteering at Meijer Gardens.

EMPLOYMENT INFORMATION

Employed Employer: _____

Retired Former Employer: _____

Student School: _____

Please list any skills, talents or other information about you that we should know:

How did you hear about our volunteer opportunities:

Signature: _____ Today's Date: ____/____/____

Background Check Consent Form



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Mandatory for all volunteers age 18 and older. The completion of this form affords Frederik Meijer Gardens & Sculpture Park the right to conduct a background check on the undersigned.

All information provided is held in strictest confidence.

Name: _____
Last First Middle Initial

Address: _____
Street City Zip

Date of Birth: (month/day/year) ____/____/____ **Social Security #:** _____

Drivers License #: _____ **State:** _____

Have you ever been convicted of a felony? YES NO

If yes, please provide details: _____

Signature: _____ **Today's Date:** ____/____/____

THANK YOU FOR YOUR COOPERATION IN COMPLETING THIS FORM.

PLEASE RETURN TO:

Attn: Volunteer Department
Frederik Meijer Gardens & Sculpture Park
1000 East Beltline, NE
Grand Rapids, MI 49525

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