



**Talmar Gardens and Horticultural Center  
Volunteer Application Form**

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[www.talmar.org](http://www.talmar.org)

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Thank you for taking the time to apply to volunteer for Therapeutic Alternatives of Maryland (**TALMAR**). This application form will help us efficiently identify the positions and jobs that are best suited to your experience and learning objectives. Please fill out this application to the best of your ability. *Please keep in mind that some of the questions may not apply to you.* If you have any questions about this application, please contact us.

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\_\_\_\_\_ Date: \_\_\_\_\_  
Last Name, First Name, Middle Initial

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

Position: \_\_\_\_\_ Time in Current Position \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What is your preferred method of being contacted? \_\_\_\_\_

If licensed to practice a profession, please list the profession and the state in which licensed.

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## VOLUNTEER INTEREST

Are you volunteering at the Center in exchange for community service hours?  Yes  No

Are you a student?  Yes  No

If Yes, are you:  Full Time  Part-Time

If student, what school do you attend and where is it located?

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Teacher/Instructor's Name, Telephone Number and E-mail Address:

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Will your volunteer hours count towards school class credit?  Yes  No

## VOLUNTEER EXPERIENCE

List previous experiences that would be helpful in working with people (volunteer, paid or educational).  
(Continue on back if necessary.)

Activity	Organization	Date(s)
_____	_____	_____
_____	_____	_____

## INTERESTS / SKILLS

Please indicate with a check mark which you would be willing to share as a TALMAR intern:

**Skills:**  typing  filing  using copier  record updating  translation  receptionist  
 computer mailings  word processing  desktop publishing  Internet web development  
 research  technical services  training  system design  creating information sheets  
 fundraising  proposal writing  technical writing  nonprofit management  public policy  
 technology  other office / computer skills; specify: \_\_\_\_\_

**ADDITIONAL INTERESTS:**  landscaping  gardening  fresh flower arranging  
 dried flower arranging  designer  greenhouse work  delivery driver  
 1:1 helper for Participants with disabilities  sales of flowers at local farmers market  
 facilitator for community Workshops  light carpentry skills  Other; specify: \_\_\_\_\_

**Languages:** If you are able to speak fluently, or read or write, any language other than English, please list the language(s):

Speak Fluently: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Speak Fluently: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

**AVAILABILITY**

Approximately how much time do you feel you could volunteer (per week/month)? \_\_\_\_\_

How many months (if known) would you like to volunteer at the Center? \_\_\_\_\_

What is your preferred work schedule?

- (Check all applicable)
- \_\_\_\_\_ Daytime
  - \_\_\_\_\_ Evenings
  - \_\_\_\_\_ Weekdays
  - \_\_\_\_\_ Weekly
  - \_\_\_\_\_ Monthly

Preferred Schedule (if known):

Mon	Tues	Wed	Thurs	Fri	Sat

\_\_\_\_\_ Time Commitment Undecided

**REFERENCES**

Personal or professional references (Please exclude relatives.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Previous Employer #1**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**Previous Employer #2**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### Health Related Information

Are there any medical or health factors or limitations that we should be aware of?  Yes  No

If yes, please describe: \_\_\_\_\_

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Do you require any special accommodations?  Yes  No

If yes, please describe: \_\_\_\_\_

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### **EMERGENCY CONTACT INFORMATION**

**Primary Contact:** Individual to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

**Secondary Contact:** Individual to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

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**Please acknowledge that the information provided in this application is accurate and correct to the best of your knowledge.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK YOUR REFERENCES. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES FOR VOLUNTEERS AND INTERNS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

***Thank you for your interest in volunteering at TALMAR.***