



Volunteer Application / Questionnaire Form

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Are you currently employed? Yes No Full Time Part Time

Are you retired? Yes No Are you a student? Yes No

Is there a specific volunteer requirement you are looking to fulfill? Yes No

If yes, what kind? _____

If under 18 years old, please state age: _____

(Parent or guardian must sign this form if under 18)

Work Experience

Name/Location of Company	Duties	Dates

Volunteer Experience

Name of Organization	Duties	Dates

Education: _____

List special interests, hobbies, and skills: _____

What days/hours are you available for volunteering? _____

Are you interested in becoming a docent? (Further training required) Yes No

How did you hear about the San Diego Botanic Garden Volunteer Program? _____

Do you know anyone who is currently a San Diego Botanic Garden Docent or Volunteer?

Yes No If yes, who? _____

Volunteer Jobs

Check all in which you would be interested!

- | | |
|---|---|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Carpentry/Maintenance |
| <input type="checkbox"/> Clerical/Office Help | <input type="checkbox"/> Garden Beautification |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Guiding Tours |
| <input type="checkbox"/> Propagation | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Research/Library | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other (give details) _____ |

Additional Comments: _____

Person to call in case of emergency:

Name: _____ Phone: _____

Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

San Diego Botanic Garden: Location -230 Quail Gardens Dr., Encinitas, CA 92024

Mailing Address – PO Box 230005, Encinitas, CA 92023-005

www.SDBGarden.org

Quail Botanical Gardens Foundation is a 501 (C)(3) Non-Profit Organization



San Diego Botanic Garden Volunteer Agreement

The San Diego Botanic Garden staff and your Volunteer Support Committee value your volunteer time at the garden. Volunteer hours help us to keep this precious community resource alive for public learning, appreciation, and enjoyment. We trust that you will find your work here to be fun and fulfilling. Because we take your work seriously, we ask you to sign the following agreement. This agreement outlines what San Diego Botanic Garden asks of its volunteers and what a volunteer can expect from the garden. Thank you again for choosing San Diego Botanic Garden.

I understand that, as a volunteer, San Diego Botanic Garden asks me to:

1. Have a volunteer application, a volunteer agreement, a signed consent for background check, and a copy of my driver's license or other State issued ID on file with the Administration Office.
2. Pay the **\$17.00** processing fee for your background check.
3. Inform the volunteer coordinator of any changes in my address, phone number, etc.
4. Choose an area of work appropriate to my interests, time, and abilities.
5. Participate in all training required or requested for my position.
6. Ask for guidance and information if I am unclear what duties I am to perform.
7. Wear my volunteer name tag while working at the garden.
8. Be familiar with garden policies and procedures such as safety, security, and emergency.
9. Be helpful and friendly to garden visitors, a goodwill ambassador for San Diego Botanic Garden.
10. Cooperate with staff, supervisors, and other volunteers.
11. Be responsible for and record my volunteer hours. Arrive on time.
12. Notify my supervisor as soon as possible if I am unable to meet my schedule.
13. Give prior notice if volunteer work is to be terminated or interrupted for an extended period of time.

And as a volunteer, I can expect San Diego Botanic Garden to provide:

1. Advice, support, and answers to my questions and concerns.
2. Information about garden policies and procedures that apply to my work.
3. Equipment and materials necessary for my job, as far as is reasonable and within the garden's ability to provide.
4. Supervision and training for my volunteer position.
5. Change in volunteer assignments through mutual agreement between myself and the staff.
6. An annual dinner to recognize volunteer contribution to the garden.

I have read, understand, and will abide by this agreement. (If under 18, a parent or guardian must sign also).

Name

Date

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR SAN DIEGO BOTANIC
GARDEN VOLUNTEERS**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, **SAN DIEGO BOTANIC GARDEN** ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize SAN DIEGO BOTANIC GARDEN to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

Personal Data

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
_____ Addresses for the Past Seven Years: (include street, city, state, zip code)		_____ Dates of Residence:
_____ _____		_____ _____
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Social Security Number	_____ Driver's License #	_____ State
_____ Email address (may be used for official correspondence)		

I have the right to make a request to **IntelliCorp Records, Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Printed Name	_____ Applicant Signature	_____ Date
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**INFORMATION FOR INTELICORP CUSTOMERS ON
ADDITIONAL STATE LAW REQUIREMENTS**

DISCLAIMER: THE DISCLOSURE AND AUTHORIZATION FORM, AND THE DISCUSSION OF STATE REQUIREMENTS BELOW, ARE NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY IN CONNECTION WITH THE USE OF THESE FORMS OR THE DETERMINATION OF STATE LAW REQUIREMENTS THAT MAY BE APPLICABLE TO YOU. INTELICORP RECORDS, INC. MAKES NO

CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN.

IN ADDITION TO THE FOREGOING DISCLOSURE AND AUTHORIZATION FORM NEEDED TO COMPLY WITH THE FEDERAL FAIR CREDIT REPORTING ACT, VARIOUS STATES IMPOSE ADDITIONAL DISCLOSURE OR OTHER OBLIGATIONS ON EMPLOYERS WHEN THEY OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS ON EMPLOYEES OR APPLICANTS.

THE FOLLOWING IS A SUMMARY OF POSSIBLE STATE REQUIREMENTS.

- 1. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA, MINNESOTA, AND OKLAHOMA, you should add the following language to the end of the Authorization:**

You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box.

- 2. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN CALIFORNIA:**

Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:

We will be obtaining a consumer report from [name, address, and telephone number of the consumer reporting agency]. You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

- 3. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN NEW YORK:**

Under Article 25 Section 380-g of the New York General Business Law, if an employer receives a consumer report containing criminal conviction information, the employer must provide the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

4. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN WASHINGTON STATE:

Under the Washington Fair Credit Reporting Act, you have the right to ask IntelliCorp for a written summary of your rights. If you submit a request to Employer in writing, you have the right to get from Employer a complete and accurate disclosure of the nature and scope of the investigative consumer report Employer ordered, if any. If Employer obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

5. WITH REGARD TO INDIVIDUALS WHO ARE OR WILL BE EMPLOYED IN OREGON:

Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that Employer has not maintained secured records is available to you upon request

ADDITIONAL NOTES:

- A. If you intend to obtain a “credit report” to be used for employment purposes, you should be aware that a number of states have enacted laws to limit the use of such reports, and other states are considering such legislation. A ‘credit report’ is a type of consumer report that contains information on a consumer’s credit worthiness, credit standing, or credit capacity. A good source of information about state law restrictions on the use of credit reports for employment purposes is:**

<http://www.ncsl.org/research/financial-services-and-commerce/use-of-credit-information-in-employment-2014-legislation.aspx>

- B. A number of states, through statutes or administrative regulations, also impose limitations on employers asking applicants about arrests and/or convictions. You should review your state’s laws and regulations in this regard.**