



Thank you for your interest in becoming a Holden Junior Volunteer this summer. Below is a checklist of items and important dates to be aware of. *If you have any questions about the application or the program, contact us at 440.602.8003 or [rott@holdenarb.org](mailto:rott@holdenarb.org).*

**Next steps:**

- **Complete the Application, Essay and Parent/Guardian Waiver/Release forms and return them to the volunteer office by **Friday, March 11.****
- **Choose someone to provide a reference for you, give them the Reference Form and ask that they complete and return it to the Holden Volunteer Office by **Friday, March 11.**** Current or past supervisors, co-workers, faith leaders, teachers, and school counselors are examples of appropriate references; relatives, friends and household members are not.
- **Selected students be contacted by Holden staff in April** and placement determined by end of May. Those selected will be sent an orientation packet and **required to attend a group orientation** on Monday, June 13 from 9-11am.

<b>Holden Junior Volunteer Program – Important Dates</b>	
January 18	Applications Available
March 11	Application Deadline
April 11-29	Selected applicants notified of acceptance and placement, sent orientation packet and supervisor contact info
May 1-June 11	Selected volunteers to set-up meetings with supervisor to finalize schedule and ask questions
June 13	Junior Volunteer Orientation 9am to 11am, Corning Visitor Center
June 13 – July 29	Junior volunteers on-site two or three half-days a week; volunteers may miss up to a week for family vacation or school commitments.

The **HOLDEN** Arboretum  
JUNIOR VOLUNTEER APPLICATION 2016

Please return application  
**by March 11, 2016** to:  
ATTN: Jr. Volunteer Program  
Holden Arboretum  
9500 Sperry Road  
Kirtland, OH 44094  
Fax: 440.256.5836  
E-mail: rott@holdenarb.org

**APPLICATION**

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best way to contact you? (circle) Email Cell # Home

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ Email \_\_\_\_\_

**In case of emergency, please contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of School \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Special skills, training, interests, and hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate other current or previous volunteer service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical limitations, allergies or medical conditions that must be considered when planning your volunteer work?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check which two (2) positions most interest you most, and the schedule you would be available to volunteer:

**Volunteer Gardener**

*Supervisor: Tere Cole-Lang*

**Duties:** Rotate through Holden's gardens, assisting with garden care and maintenance. Tasks may include mulching, weeding, planting and watering.

**Desired volunteer schedule: (check)**

\_\_\_ Tue/Wed/Thurs (or) \_\_\_ Tue/Thurs  
\_\_\_ Morning (8-11:30am) only

**Nursery Assistant**

*Supervisor: Greg Wright*

**Duties:** Assist with transplanting seedlings, watering plants, weed, inventorying orders, washing pots and cleaning seeds.

**Desired volunteer schedule: (check)**

\_\_\_ Tue/Wed/Thurs (or) \_\_\_ Tue/Thurs  
\_\_\_ Morning (8-11:30am) only

**Conservation Assistant**

*Supervisor: Mike Watson & Chad Knisely*

**Duties:** Will participate in activities to help control invasive plant and wildlife species and promote biodiversity in Holden's Natural Areas. May include hand removal of plants, assisting with plant or animal research and data entry. *Note: Must be 16 or older for this position*

**Desired volunteer schedule: (check)**

\_\_\_ Tue/Wed/Thurs (or) \_\_\_ Tue/Thurs.  
\_\_\_ Morning (8-11:30am) only

**Junior School Guide & Naturalist**

*Supervisors: Sharon Graper & Eva Rodriguez*

**Duties:** Assist education staff and school guides with preparing materials for classes and camps, gathering supplies, facilitating children's activities and maintaining Buckeye Bud's Adventure Woods.

**Desired volunteer schedule: (check)**

\_\_\_ Tue/Wed/Thurs (or) \_\_\_ Tue/Thurs.  
\_\_\_ Morning (9-Noon) only

**Junior Arbor Care Specialist**

*Supervisor: Chad Clink*

**Duties:** Learn to assist with tree plantings, inventories, basic tree care and outreach/education about the value of trees in local communities. Own transportation, preferred.

**Desired volunteer schedule: (check)**

\_\_\_ Tue/Wed/Thurs (or) \_\_\_ Tue/Thurs  
\_\_\_ 9am-12:00pm (or) \_\_\_ 12-3pm



**ESSAY**

Please answer the following question below (may attach additional pages as needed):

*Why would you like to be a Holden Junior Volunteer this summer?*

## APPLICANT/PARENT SIGNATURE

*I understand and authorize The Holden Arboretum to verify the information on this application. I release The Holden Arboretum, its agents and organizations supplying information from all liability and responsibility, damages and claims of any kind arising from this investigation of my background. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Holden Arboretum or my termination as a volunteer.*

*I understand that this is an application for and not a commitment or promise of a volunteer position as volunteer opportunities may vary due to seasonal considerations, program needs and availability of staff to supervise volunteer assignments. I understand that all information will be considered confidential to the fullest extent allowed by law.*

### Applicant Signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*I give permission for my child, \_\_\_\_\_, permission to participate in the 2016 Summer Jr. Volunteer Program at The Holden Arboretum. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.*

*As parent or guardian, I agree to all of the above stated conditions.*

### Parent/Guardian Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please return completed application by **March 11, 2016** to  
Holden Arboretum, 9500 Sperry Road, Kirtland, OH 44094  
Attention: Robin Ott/Volunteer Office  
Fax: 440.256.5836  
E-mail: [rott@holdenarb.org](mailto:rott@holdenarb.org)**

## VOLUNTEER REFERENCE

Please fill out your name and give this to a reference of your choice to complete and return to the volunteer office. Current or past supervisors, co-workers, faith leaders, teachers, and school counselors are examples of appropriate references. Please exclude relatives, friends and household members.

Applicant's Full Name \_\_\_\_\_

*Dear Prospective Reference:*

*The Holden Arboretum is an outdoor living museum that promotes the beauty and importance of trees and other woody plants to create sustainable and healthy communities in the Great Lakes region and beyond. This summer, teens are invited to join us by participating in a seven-week junior volunteer program. The student listed above has applied to this program and we would appreciate your help in providing us with a written reference for them by completing the information below and returning this page to the Holden volunteer office. Thank you in advance for your time and assistance!*

Name of Reference \_\_\_\_\_

Position/Title \_\_\_\_\_

Organization/Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

How long have you known the applicant? Years \_\_\_\_\_ Months \_\_\_\_\_

In what capacity have you known the applicant? (*References should not be family, friends, or peers*).

Job Supervisor/Employer     Clergy     Teacher  
 Volunteer Supervisor     Other (specify) \_\_\_\_\_

1. What are the first words that come to mind to describe the applicant:
  
  
  
  
  
2. Please describe the applicant's strengths and weaknesses:
  
  
  
  
  
3. Based on your experience with the applicant, please rate him/her in the following categories:

	Excellent	Good	Fair	Poor
Dependability				
Flexibility				
Interpersonal communication and social skills				
Willingness to work				
Interest in nature and the outdoors				

4. Please use the back to include anything else about the applicant that may help in our volunteer process.

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form by **Friday, March 11, 2016**

The Holden Arboretum Volunteer Office, 9500 Sperry Rd., Kirtland OH 44094

Fax – 440.256.5836 Email – [rott@holdenarb.org](mailto:rott@holdenarb.org)

Questions or concerns? Call Robin Ott, volunteer coordinator, at 440.602.8003.