

Application for Education Internship

(Please email to jillian@thegarden.org)

Name			Date		Birth Year		
lome phone		Cell					
mail address							
chool		Area of Study_					
rlease describe any education, em programs along with skills in the fo etail, fundraising, administrative v	ployment and/or volunteer lollowing areas: gardening/ho	rticulture, child or	ou feel will cont adult educatio	n, event plan			
Vhat inspired you to pursue a Vol	unteer/Intern position with 1	he Water Conserv	ation Garden?				
am most interested in (Check all tYouth/Ms. Smarty-Plants REMOTE work from home	Adult Workshops : Sust					/Marketing	
Vrite in the weekly hours available	e. You will not be obligated t	o volunteer these h	ours. This just	helps us mato	h you with a progra	m.	
Days 9am – 3pm) Mon	Tues Wed	Thurs	Fri	Sat	Sun	_	
utterfly Releases! SATURDAYS _	9-11am Saturda	ys in May	9-11am Saturdays in June				
dvisor/Teacher/Mentor from you	ır school/university/organiza	tion that will overs	see vour intern	ship.			
Name/Title		Phone			Email		
re you fulfilling the requirements vould you like to Volunteer/Interr			ity service, or g	raduation vo	unteer hours? How	many hours	
nergency Contact/Parent/Guardian Name:			& Cell Phone:				
under the age of 18, parent or gu	ıardian's signature is require	d as permission to	participate in T	he Garden's	ntern & Volunteer P	rogram:	
Parent/Guardian signatu	re						