



VOLUNTEER APPLICATION
Earth Heart Park and Community Garden

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Horizon Health and Wellness encourages the participation of volunteers who support our mission of enhancing the quality of life of the individuals, families, and communities we serve, and empowering people to attain their optimum potential. Your application information will be treated confidentially.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are you 18 years of age or older? Yes ___ No ___

Are you willing to obtain a fingerprint clearance card? Yes ___ No ___

Please indicate days and times you anticipate being available to volunteer:

_____	_____
_____	_____
_____	_____

If selected to be a volunteer at Horizon Health and Wellness, I agree to conduct myself in accordance with the guidelines and information I am provided. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, do not assume responsibility for liability for any accident, injury, or health problem that may arise from my volunteer activity. I agree that my volunteer activity is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

Volunteer Applicant Signature: _____ Date: _____