

CommunitY Herb Garden Volunteer Application

Name: _____

Email: _____

Phone number: (_____) _____ -- _____

Address: _____

Number of hours per week or per month (please circle) you can volunteer: _____

Best days/times:

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Previous gardening experience:

Why do you wish to be involved in this project?

What gifts and talents do you bring to this project?

Please submit to Florida School of Herbal Studies, 622A N Thornton Ave, Orlando, 32803, or via email: orlandoherbs@gmail.com. For fax line, please call in advance. Questions? -- 407-595-3731
With submission of this application, applicants waive all liability against Florida School of Herbal Studies, Dandelion Communittea Café, or owners of property for an injury, illness, or other issue incurred as a result of volunteering with the Community Herb Garden project.