



# Florida School of Holistic Living

## Community Education Garden Volunteer Application

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

Address: \_\_\_\_\_

Number of hours per week or per month (please circle) you can commit: \_\_\_\_\_

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?

Do you have reliable transportation?

Please submit to Florida School of Holistic Living, 622A N Thornton Ave, Orlando, 32803, or  
via email:

[info@holisticlivingschool.org](mailto:info@holisticlivingschool.org). Questions? -- 407-595-3731

With submission of this application, applicants waive all liability against Florida School of Holistic Living and  
owners of property for an injury, illness, or other issue incurred as a result  
of volunteering.