UC Davis Bee Haven Volunteer Application UC Davis Department of Entomology and Nematology

Thank you for your interest in volunteering at the Bee Haven. Please return the completed application to beegarden@ucdavis.edu. University policy requires volunteers to be at least 18 years old.

CONTACT INFORMATION (An email address is required t	to volunte	er as that i	is our primary	means	of contact)	
Name:					·	
Email:						
Address:						
City:					Zip:	
Phone:						
Alternate phone:						
Emergency contact:						
Emergency contact phone:						
I am 18 years or older: yes	s no					
I am able to work independen	itly withou	t assistand	ce: yes no	0		
I require accommodations und	der the AD	DA: yes	no			
SKILLS INVENTORY (Please check	skills, if any	, that apply	to your experien	ce)		
	Watering				Public speaking/teaching	
TIME COMMITMENT: I wish to volunteer on an on-going I am interested in one-time/short-t	erm volunte					
Service club volunteer day Organization:		Corporate volunteer day Name of business:			Court-ordered community service Court:	
J T						
☐Garden docent. Please note that obefore docent training.	n available: docents are	□Tuesday	morning			
HOBBIES OR OTHER SPECIAL SK	(ILLS:					
WHY DO YOU WANT TO VOLUNTE	EER AT THI	E BEE HAV	EN?			