



## Edible Schoolyard Volunteer Application

The Edible Schoolyard at the Greensboro Children's Museum combines an urban and organic farm, an outdoor classroom, and a healthy kitchen to bring families and children together to grow, harvest, prepare, and enjoy fresh, seasonal food. If you are interested in signing up to help please fill out this application. You will also need to fill out a background check and volunteer information sheet during your volunteer orientation.

### Contact Information

Name	
Street Address	
Zip Code	
Home Phone	
E-Mail Address	
Birth date	

### Availability

During which hours are you available for garden docent or field trip help?

- Weekday mornings  
M-F 10-1
- Weekday afternoons  
M-F 1-4
- Weekend mornings  
Saturday 9-12
- Weekend afternoons  
Saturday 12-4 Sunday 1-4

### Interests

Tell us in which areas you are interested in volunteering

- Garden Docent\*
- Garden Maintenance\*
- Events\*
- Kitchen

### Volunteer information

Tell us about yourself! Why do you want to volunteer at the Edible Schoolyard? Have you gardened, cooked or worked with children before?

### Previous Volunteer Experience

Have you volunteered before?

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Please return this application to Kat Siladi at [Ksiladi@gcmuseum.com](mailto:Ksiladi@gcmuseum.com)



THE FREEDOM TO FOCUS ON YOUR FUTURE

NAME (First, Middle, Last) \_\_\_\_\_ Gender Male / (Female)

MAIDEN NAME (if applicable) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

1<sup>ST</sup> PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH 1/1/

DRIVER'S LICENSE # AND STATE ISSUED: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

I hereby authorize FirstPoint, Inc. ("FirstPoint") to prepare an INSIGHT report that will include my present and previous employment information including salary as well as work performance. I also authorize FirstPoint to verify my past and present driving records, education records, credit history, and professional credentials. I further authorize FirstPoint to perform a criminal records search.

I understand that FirstPoint does not guarantee the accuracy or timeliness of the information obtained from other sources and that FirstPoint will not be liable for any inaccuracy in the information obtained from other sources that is included in the INSIGHT report.

Further, I authorize my current and former employers, as well as other organizations to provide such information to FirstPoint and I hereby release and hold harmless FirstPoint, my current and former employers, as well as other organizations who have provided information in connection with my INSIGHT report.

**CONSUMER DISCLOSURE**

I understand that a pre-employment consumer report (Insight) may be obtained from the FirstPoint, Inc for employment purposes.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE      /      /     

*California, Minnesota & Oklahoma residents only:*  
I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested.  
 Yes  No

For GA Criminal Searches Only (Must Check One):  Employment w/ Mentally Disabled (Purpose Code M)  Employment w/ Elder Care (Purpose Code N)  Employment w/ Children (Purpose Code W)  None Apply

Company Name: Greensboro Children's Museum Requester \_\_\_\_\_

Criminal Records  Motor Vehicle Record  SS number & Name Verification /Address search

Criminal (Where?)(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

