

#### **Position Title:**

• Docent

### **Mission & Purpose:**

- The mission of Paul J. Ciener Botanical Garden (PJCBG) is "A place of unique beauty seeking to inspire, enlighten and connect people of all ages to the world of plants, gardening and horticulture."
- The Docent is an integral member of the team at PJCBG, providing educational services and leading guided tours of the garden to scheduled groups including elementary school students, senior citizens, garden clubs, and more. They work closely with PJCBG staff to represent the Garden and establish a welcoming and educational experience for a diverse audience

## **Responsibilities / Specific Duties:**

- Greet visitors and welcome them to PJCBG.
- Lead tours for which you are trained.
- Lead garden tours approximately 1 hour in length for audiences of diverse backgrounds which may include school-age children, teenagers, seniors, garden enthusiasts, and visitors with special needs.
- Be aware and keep informed about what's blooming in the garden, upcoming programs, and changes to garden spaces.
- Ensure guided tours are delivered in a timely manner.
- Represent PJCBG in a professional and courteous manner.

### **Qualifications:**

- Interest in working with people
- Comfortable speaking in front of groups
- Desire to learn about plants and gardening, and share their knowledge
- Reliable and punctual
- Flexibility, enthusiasm
- 18+

#### **Time Commitment:**

- Guided tours are scheduled during the months of March October between the hours of 10am-3pm.
- Docents are expected to volunteer for at least a year after they complete training

## **Location / Working Conditions:**

- Tours are conducted outside
- Physically able to lead tours around the garden
- Must be able to walk on uneven surfaces

# **Training & Support:**

• Volunteer orientation

- Docent training and handbook
- Follow and observe at least 2 different tour guides
- Volunteer manual

#### **Benefits:**

- Expand gardening knowledge and learn new concepts and ideas from passionate people who love to share their experience and expertise.
- Be a part of a community, local to Kernersville and the triad, which is passionate about gardening.
- Meet people of all ages and backgrounds who visit the Garden.
- Volunteer appreciation events

## **Supervisor & Contact Info:**

• Kristin Hennig, Garden Facility Manager – <a href="mailto:khennig@toknc.com">khennig@toknc.com</a>

## **Application / Screening Procedures:**

- Complete and submit volunteer application
- Initial phone call/meeting with staff member to learn more about position and PJCBG volunteer program
- Applicants will interview prior to acceptance into docent training
- Background check and drug screening required





# Paul J. Ciener Botanical Garden

# General Volunteer Application

Physical: 215 S Main Street M Kernersville, NC 27284

Mailing: Attn: PJCBG, PO Box 728

Kernersville, NC 27285

Phone (336) 996-7888 • gardeninfo@toknc.com

Thank you for your interest in volunteering with Paul J. Ciener Botanical Garden, a division of Kernersville Parks & Recreation. We rely on volunteer assistance and sincerely appreciate your time and talents.

Your service is very much valued and will have a positive impact on this community. Volunteers make it possible for us to provide a higher level of service and promote the well-being and quality of life for all citizens.

Please select your volunteer focus below and submit the completed application via email or regular mail. More information about other volunteer opportunities can be found at https://www.cienerbotanicalgarden.org/volunteer

	Gardener Crafty Cultivator		Ambassador Docent					
AGREEMENT								
I verify all the information on the attached application is correct.								
Participant Name:								
Participant Signature:			Date:					
EMERGENCY NOTIFICATION INFORMATION								
Name:								
	First	MI	MI Last					
Relationship:			Phone:					

	PERSONAL	. INFOR	MATION				
Name:							
ivaille.	First	MI	Last				
	Preferred Name	-					
Address	•						
Auuress	Street		 City		 State	Zip	
Phone:		_		Are vou	over the	age of 18	
	Daytime Mobile			□ Ye			
E-mail Ad	ddress:						
Educatio	on: (Highest level Completed)		Occupation	on:			
Previous	s Volunteer Experience:						
Hobbies	s, Interest, Skills:						
M/hy do	you want to volunteer at Paul J. Ciener Bota	anical G	arden?				
vviiy uo	you want to volunteer at Faul 3. Clener Boto	arricar G	aruerr:				
Are you l	bilingual?: □ Yes □ No If yes,	what la	nguages:				
Are you a	a member of PJCBG? □ Yes □ No T-Shir	t Size	S DM DL		ΚL		
Have you	lave you ever worked for the Town of Kernersville?  ☐ Yes ☐ No			If yes, where and when did you work here?			
Do you h	nave any relatives who work for the Town of		If yes, what is their name?				
Kernersv	rille? □ Yes □ No						
In the pa	st 5 years, have you been convicted of a misder	neanor?	□ Yes	5 <b>□</b> N	No		
	ve details						
•	u ever been convicted of a felony? ve details		□ Yes		10		
	d any pending charges against you by checking:		□ None □	 ☐ Misdemean	 or	Felony	
	inal record may disqualify someone form volunteering		ecord is relevant t	o the volunteer		•	
	Persona	L REFE	RENCES				
Name:			ne:				
	:						
	ne: Phone:						
Relation:			rs Known:				

## VOLUNTEER WAIVER & RELEASE

I understand that I will be providing my services without compensation and will not be considered an employee of the Town of Kernersville and am not entitled to any benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.

I also understand I am solely responsible for my health and safety. I accept and assume these risks and agree to release, discharge and hold harmless the Town of Kernersville, its officers, employees, and agents from any and all actions, due to dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in this volunteer service.

I understand that signing this Volunteer Waiver and Release is a condition of my participation in this volunteer service. I have carefully read this Waiver and Release and fully understand its contents. If I am under eighteen (18) years of age, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below.

In addition, I give, without expectation of compensation, my permission for the use of my name (and any of my minor children's names) together with photographs, digital images or recordings of me and/or my children in materials and publications that may be produced and/or distributed by the Town of Kernersville. The same may be used in any manner or in any media without any notification, inspection or compensation to me. I release the Town of Kernersville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right which I may have in connection therewith.

Participant Name:	
PRINT	
Participant Signature:	Date:
Parent/Guardian Name if under 18 years of age:	
	PRINT
Signature of Parent/ Guardian:	Date:
Volunteer Authorization and Consent	FOR RELEASE OF INFORMATION
This release and authorization acknowledges that the Town of Kerners's contact personal references, conduct a verification of my education and I vehicle records, and receive any criminal history record information per State or Local criminal justice agency, and to verify any other information. The results of this verification process will be used to make decisions purs I authorize the Town of Kernersville and any of its associates, to disclo process to the designated authorized represental I have read and understand this release and consent, and I authorize the current and former employers and other organizations and Agencies to prinformation that may be requested. I hereby release all of the persons ar claims and damages connected with their release of any requested inform as the original. I do hereby agree to release and discharge the Town of Kernersville, or its any claims, damages, losses, liabilities, costs, and expenses or any other the retrieving and reporting of Participant Name:	licenses/certification, employment/work history, motor retaining to me which may be in the files of any Federal, in deemed necessary to fulfill the volunteer assignment. Suant to the Town of Kernersville's volunteer agreement asse orally and in writing the results of this verification tive of the Town of Kernersville. background verification. I authorize all persons, schools provide the Town of Kernersville, or its associates with all and Agencies providing such information from any and all mation. I agree that any copy of this document is as valid as associates to the full extent permitted by the law from a charge or complaint filed with any Agency arising from
PRINT	
Participant Signature:	Date:
Parent/Guardian Name if under 18 years of age:	PRINT

Signature of Parent/ Guardian: