



**BELLEFONTAINE  
CEMETERY  
AND ARBORETUM**

**VOLUNTEER APPLICATION**

**Applicant Information...**

Title: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

**Applicant Areas of Interest...**

Please check your area(s) of interest-

Guide \_\_\_ Greeter \_\_\_ Gardener \_\_\_

Professional Background: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Special Skills: {Foreign language, signing for the deaf, art, other}

\_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

\_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Volunteer Opportunities at Bellefontaine Cemetery & Arboretum?

\_\_\_\_\_

\_\_\_\_\_

Availability...

Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_

Saturday \_\_\_\_ Sunday \_\_\_\_

Emergency Contact Information...

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

Phone Number: \_\_\_\_\_

By my participation in the Bellefontaine Cemetery and Arboretum volunteer program, I agree to adhere to bylaws and all regulations set forth. I further agree, whenever possible and as needed, to serve as a volunteer to promote goodwill within the community, and to check, revise, and expand my information and knowledge of the cemetery as is appropriate to promote the interest. I understand that my being accepted into the volunteer program is subject to a personal interview(s) and completion of training and testing.

X \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:

Bellefontaine Cemetery  
Attn: Volunteer Coordinator  
4947 West Florissant Avenue  
St. Louis, MO 63115