



**MSU Department of Radiology Healing Gardens
Volunteer Information Sheet**

Name: _____

Address: _____

City, State, Zip: _____

Email (please **print** clearly): _____

Phone number: (_____) _____

Volunteer opportunities that interest you: Please check all areas that interest you.

_____ Gardening (planting, weeding, dividing, deadheading, pruning, etc.)

_____ Greenhouse

_____ Vegetable garden

_____ Pond cleaning

_____ Information Docent

Please list any skills or talents that you might consider sharing with the gardens (carpentry, welding, fund raising, etc)

As a volunteer in the Radiology Healing Gardens, I agree to follow all instruction and direction from the Volunteer Coordinator and abide by MSU policies.

Signature: _____ Date: _____