



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home & Cell Phone	
E-Mail Address	
Speak a foreign language? (which one)	

Experiences

Occupation Past or Present:		
Place of Employment:		
Does your company give grants to non-profit organizations?	Yes	No
Does your company have a matching fund program?	Yes	No

Interests

Please indicate your preferred interest:

(Please mark one area to begin initial training* (*may select other interests later...))

<input type="checkbox"/> Environmental Education Class & Field Trip Instructors; Nature Trail Guides; Living & Natural History Demonstrators
<input type="checkbox"/> Stewardship Habitat Conservation Projects; Native Plant Nursery Team; Wildlife Management & Animal Care
<input type="checkbox"/> Visitor and Member Services Admissions; Gift Shop; Office Aide; Publicity & Fundraising
<input type="checkbox"/> Facilities Maintenance Care of grounds, equipment, buildings & exhibits; Gardening Crew

Availability

When are you available? Weekend: _____ Weekday: _____ Both: _____
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Previous Volunteer Experience

Summarize your previous volunteer experience.

EMERGENCY INFORMATION

PRINT NAME _____

Do you have any physical limitations that preclude you from performing any volunteer work for which you are trained or in which you might participate?

_____ Yes _____ No if yes, please describe:

What can be done to accommodate your limitations?

Do you have any physical conditions or allergies you feel we should know about?

_____ Yes _____ No if yes, please describe:

IN CASE OF EMERGENCY, NOTIFY: _____

Name

Address

Phone

DOCTOR PREFERENCE: _____

Name

Phone

HOSPITAL PREFERENCE: _____

Name

Phone

