



INDIVIDUAL VOLUNTEER APPLICATION FORM

General Information

Name: _____ Nickname: _____
 Address: _____
 City: _____ Zip Code: _____
 Preferred Contact Number: _____ Email: _____
 Do you have transportation? Y/N

Experience

Current Occupation: _____ Employer: _____

Special Knowledge, Resources, Training, Certifications or Equipment Skills (you may attach resume)

Please list the dates and locations of your most recent volunteer experience:

What is your goal as a volunteer? _____

Please check the times that you are available to work as a volunteer:

	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
<i>Morning</i>							
<i>Afternoon</i>							
<i>Evening</i>							

As a volunteer, you may be given an assignment, a project or both. While we only have limited needs for volunteers in certain areas, we attempt to place you where your skills will be best utilized. Please circle your interest.

Volunteer Preferences*

**Please note that for some of the positions, background checks and/or fingerprints may be required.*

- | | |
|---|--|
| <i>Trail Maintenance</i> | <i>Parks and Museum Grounds Maintenance</i> |
| <i>Administrative and Clerical Support</i> | <i>Construction Projects</i> |
| <i>Youth Programs</i> | <i>Turtle Team</i> <i>Exotic Species Removal</i> |
| <i>Visitor Operations/Office</i> | <i>Biological Research</i> <i>Special Projects GPS/GIS Systems</i> |
| <i>Nature Center Programs</i> | <i>Aquarium/Terrarium Maintenance</i> <i>Events</i> |
| <i>Planting/Landscape Activities</i> | <i>Leading Hikes</i> <i>Customer Service</i> |
| <i>Securing Donation Funds Scorekeeping</i> | <i>Sports/Athletics</i> <i>Historical Database Entry</i> |
| <i>Organizing Historical Files and Photos</i> | <i>Care of Exhibits</i> <i>Oral History Projects</i> |
| <i>Museum Marketing Campaigns</i> | <i>Extension Services Data Entry</i> |
| <i>Newsletter Formatting</i> | <i>Web Information</i> |

References

Emergency Contact: _____ **Day Phone:** _____ **Evening Phone:** _____

Please give two references that we may contact:

Name _____ Day Phone _____ Eve. Phone _____

Relationship _____ # of years known _____

Name _____ Day Phone _____ Eve. Phone _____

Relationship _____ # of years known _____

Have you ever been convicted of a felony? If yes, Please explain. _____

Medical/Physical Limitations _____

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that any misstatement of fact may result in termination. I hereby give my permission for you to verify any information included in this application.

Signature _____ **Date** _____

Please mail this form to or send questions to the Volunteer Program Manager

Office Use

Interview Comments:

Reference Check:

Was this applicant placed? Y/N

Date Assigned:

Date of Training/Orientation:
