



**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 Exotic Species Removal</i>         |
| <i>Visitor Operations/Office Biological Research</i>         | <i>Special Projects GPS/GIS Systems</i>           |
| <i>Nature Center Programs Aquarium/Terrarium Maintenance</i> | <i>Events</i>                                     |
| <i>Planting/Landscape Activities</i>                         | <i>Leading Hikes Customer Service</i>             |
| <i>Securing Donation Funds Scorekeeping</i>                  | <i>Sports/Athletics Historical Database Entry</i> |
| <i>Organizing Historical Files and Photos</i>                | <i>Care of Exhibits Oral History Projects</i>     |
| <i>Museum Marketing Campaigns</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:

\_\_\_\_\_