



VOLUNTEER APPLICATION

Name: _____ Hm Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____ Drivers Lic. _____

Education:

Highest level of education: high school _____ college _____ graduate school _____

Major courses: _____
Degree(s) received: _____
Vocational Training: _____
Special Training: _____

Previous Experience/Skills

Work experience: _____

Volunteer
experience/Skills: _____

Areas of interest: _____

Availability (estimate only)

How much time can you give? Weekly _____ Monthly _____

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							

* Place an X in the applicable boxes.

Type of Volunteer Work Desired (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Advisory Committee | <input type="checkbox"/> Equestrian Center (General Volunteering) |
| <input type="checkbox"/> Campground Host | <input type="checkbox"/> Equestrian Center (Therapy, At-Risk) |
| <input type="checkbox"/> Clean-ups e.g. Roadsides and Parks | <input type="checkbox"/> Forestry, Natural Resources |
| <input type="checkbox"/> Clean-ups e.g. Streams, Rivers and Lakes | <input type="checkbox"/> Fundraising (Great Outdoors Fund) |
| <input type="checkbox"/> Construction Projects | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Environmental Education (Programming) | <input type="checkbox"/> Office Duties |
| <input type="checkbox"/> Nordic Trail Grooming | <input type="checkbox"/> Jester Park Nature Center |
| <input type="checkbox"/> Water Quality Testing (PCCWQMP) | |

Other/Additional Comments: _____

Long-term Volunteerism:

Corps of Recovery

- Park Steward, Co-Steward (Restoration Efforts, Maintenance, Emissary)
- Adopt-a-Park (Park, Natural Area, Trail, Campground)
- Trail Ambassador (Paved Surface, Natural Surface, Equestrian, Water Trails, Mobile Patrol Coordinator, Mobile Patrol Members)
- Nest Box Monitor/Steward (Bluebird, Kestrel, Barn Owl)

Additional Comments: _____

Service Hours

Do you need to fulfill a specific requirement for service hours? Yes _____ No _____

Name of School: _____

Contact Person: _____

Address: _____

Contact Number: _____

Court Mandated: Yes/No? _____

Hours Needed: _____

Completion Deadline: _____

How did you learn about our volunteer program? _____