



The Conservation Foundation Volunteer Application

Today's Date _____

Last Name

First Name

Middle Initial

Current Address

City

State

Zip Code

Home Telephone

Cell Telephone

E-mail Address

Duration of Volunteer Services: One Time: _____ 1-3 months: _____ More than 3 months: _____

Availability (Monday Through Saturday, 9am to 5pm): _____

Skills/Areas of Interest

- | | |
|--|---|
| <input type="checkbox"/> Carpentry/Maintenance & Repairs | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> Teaching Experience | <input type="checkbox"/> Drawing/Painting |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Data Entry/Office Work |
| <input type="checkbox"/> River Monitoring/Cleanup | <input type="checkbox"/> Website Management |
| <input type="checkbox"/> Desktop Publishing/Writing | <input type="checkbox"/> Working with Children |
| <input type="checkbox"/> Organic Farming | <input type="checkbox"/> Habitat Restoration |
| <input type="checkbox"/> Other _____ | |



The Conservation Foundation Volunteer Services References and Emergency Contact



References: Please list two people other than relatives who would be willing to serve as personal references.

1.

Name		Telephone Number	
Street Address	City	State	Zip Code
E-mail Address			

2.

Name		Telephone Number	
Street Address	City	State	Zip Code
E-mail Address			

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name		Relationship	
Home Telephone Number	Business Telephone Number	Cellular Phone Number	

Statement of Understanding: I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information. I understand that I must be at least 16 years of age to volunteer at The Conservation Foundation. Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature (If Under 16): _____ Date: _____