



HCNC Volunteer Application

Name:	
Street Address	
City, State, Zip Code	
Home Phone	
Work or Cell Phone	
Email Address	

Please check the appropriate category:

- Adult: Over 18 years old. Youth: Between 14 and 18 years old.

- Family: Adult with child(ren)

Number of children in each age group ___ 5 and under ___ 6 to 11 ___ 12 to 18

Interest: Please check all areas of interest

- General Office/Staff Aide Gift Shop Community Outreach Special Events
 Adopt-A-Garden Middle and High School Community Service

- Wildlife Rehab Infirmery Telephone/Receptionist Wildlife Rehab Infirmery Assistant
 Wildlife Baby Foster Baby Songbird Feeder Wildlife Rescue
 Summer Junior Volunteer

- Adopt-A-Wildlife Cage Wild Wonders Park Wildlife Feeder
 Wild Wonders Park Owl Feeder Mice & Rats Team Filling Bird Feeders

Availability: Please indicate day(s) of the week you are available.

- Monday Tuesday Wednesday Thursday Friday Saturday
 Sunday Varies each week

1st choice _____ 2nd choice _____

- Mornings Afternoons Early evenings Every week Alternating weeks

Special Skills: Please check as many that apply.

- Animal Care Arts & Crafts Calligraphy Carpentry Clerical Computers
 Fund Raising Graphics Photography Public Speaking Teaching Telephone
 Veterinary skills Writing Other skills, please explain:

Continues on back

How did you hear that we have volunteer opportunities? Please check as many that apply.

Staff Volunteer Newspaper HCNC Website Nature News Other

If other, please explain _____

Are you a HCNC member? Yes No

Volunteer Experience: _____

Commitment Statement: If accepted as a volunteer:

- ♦ I offer my services with the understanding that it is as a volunteer.
- ♦ I will fulfill my time commitment and will notify my supervisor if I must be absent or will be late.
- ♦ I will accept training, standards, and supervision.
- ♦ I will adhere to the Nature Center's policies and procedures.
- ♦ I will notify my supervisor or volunteer coordinator if I can no longer fulfill my commitment or if I would like to volunteer in another capacity.

Signature _____ Date _____

If applicant is under 18 years old:

Parent or Guardian's Signature: _____ Date: _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

For office use only:

Start Date _____ Area _____

Training Dates _____ Position _____

Hold Harmless Required Yes No If yes, date signed _____

Trainer _____

Other Assignments _____