

## **APPLICATION FOR VOLUNTEER SERVICE - Minors**

*Please be advised that you must be at least 14 years of age to volunteer.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I am available (check all that apply):     Weekdays                       Weekends                       Year round

Winter             Spring             Summer             Fall             Mornings             Afternoons             Evenings

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**References:**

a) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

b) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

1) Previous volunteer experience: \_\_\_\_\_

2) Is this a community service requirement?     Yes                       No

If yes, how many hours are needed? \_\_\_\_\_ Deadline for completion of hours: \_\_\_\_\_

3) What types of volunteer opportunities interest you? Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Garden maintenance                               | <input type="checkbox"/> Invasive species removal     |
| <input type="checkbox"/> Assisting naturalists with programs              | <input type="checkbox"/> Canoe and kayak assistance   |
| <input type="checkbox"/> Special events                                   | <input type="checkbox"/> Research projects/field work |
| <input type="checkbox"/> Maple sugaring ( <i>late Jan thru late Feb</i> ) | <input type="checkbox"/> Front desk host              |
| <input type="checkbox"/> Administrative duties                            | <input type="checkbox"/> Live animal care             |

4) Briefly explain why you want to volunteer at the Environmental Education Center: \_\_\_\_\_

|                                       |  |
|---------------------------------------|--|
| _____<br>Signature of Applicant       | _____<br>Date:                           |
| _____<br>Signature of Parent/Guardian | _____<br>Printed Name of Parent/Guardian |

For more information or to return a completed form, please contact: Kurt Bender, [kbender@scparcs.org](mailto:kbender@scparcs.org), ext. 5332



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