

APPLICATION FOR VOLUNTEER SERVICE - Adults

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) How many hours are you interested in volunteering?

_____ hrs/week _____ hrs/month _____ hrs/year

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: _____

**Please note: A background check may be necessary for volunteers over 18 years of age.
The background check will be paid for by the Somerset County Park Commission.**

Signature of Applicant

Date: _____

For more information or to return a completed form, please contact: Kurt Bender, kbender@scparks.org, ext. 5332



Somerset County Park Commission
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