

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:

___ Assisting Naturalists with programs ___ Garden Maintenance ___ Canoe & Kayak Assistance

___ Special Events ___ Invasive species removal

___ Administrative Duties ___ Research projects/field Work

___ Front Desk Host ___ 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: Carrie Springer, cspringer@scparks.org, ext. 5324



Somerset County Park Commission
Environmental Education Center
190 Lord Stirling Road
Basking Ridge, NJ 07920
908.722.1200 ext. 5002
www.somersetcountyparks.org



Waiver on Back

