 PO Box 773, Marquette MI 49855 (906) 228-6250

 Center located at Peter White Drive on Presque Isle, Marquette

 **Volunteer Application /**

 **Information Form**

Personal Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Volunteering: We are so grateful that you are prepared to give of your time and help our

organization. Please fill in the information below so that we have a better understanding of

which area you would like to get involved in, when and how much time you can give.

How regularly would you like to volunteer? Weekly / Monthly / Ad hoc Committee work

How many hours per session/day would you like to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which day(s) of the week and time(s) would you like to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any training in First Aid? Yes / No

How did you hear about our organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which area would you like to volunteer? Please refer to our volunteer opportunities

document with details on current tasks available in each area.

Note: Volunteer Opportunities are not limited to just these items:

|  |  |  |
| --- | --- | --- |
| \_\_\_ Host Center (only)  | \_\_\_ Feed Animals (only) | \_\_\_ Host Center and Feed Animals |
| \_\_\_ Birthday Parties | \_\_\_ Public education programs | \_\_\_ School programs |
| \_\_\_ Office & Admin | \_\_\_ Task Manager | \_\_\_ Fundraising & events |
| \_\_\_ Center maintenance | \_\_\_ Grounds maintenance (bird feeders, gardens, pond, etc.) Specify any or all:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_ Specialist skill e.g. teacher, accountant, lawyer, plumber etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please briefly provide an overview of your experience in this area or why you are interested in volunteering in this area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY CONTACT:**

Name of person to be contacted in case of an emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? Yes / No

If yes, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please note, if you are volunteering for children’s programs, we will require a police clearance certificate and also 2 certified copies of your ID to check your name against the sexual offenders register.

Do you have any medical conditions we should be aware of? Yes / No

If yes, please provide details? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a character reference (e.g. teacher, friend, work colleague)

Reference’s Information:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to this person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Relationship: \_\_\_\_\_\_\_\_\_

Are you interested in receiving our bi-annual newsletter via email? Yes / No

Should you decide at a later date that you are unable to volunteer you will return all property, including key to the MooseWood Nature Center Board.

Thank you so much for your interest and your support. We may not always have capacity for volunteers in your area of interest, but please stay in regular contact to see what is available at that time. Please also provide feedback on how you found your volunteer experience with us.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

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For administrative use only (Board Member and Volunteer to initialize after date):

Date contacted: \_\_\_\_\_\_\_\_\_\_\_\_ Volunteer training held on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Key issued on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key returned on:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exit interview: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_