



# Stokes Nature Center

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you over 18 years of age? Yes / No  
Mo / Day

### What SNC volunteer opportunities are you interested in?

- |                                                                        |                                                                         |                                                                                        |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Community Programs                            | <input type="checkbox"/> Flyer Distribution                             | <input type="checkbox"/> Open Saturdays                                                |
| <input type="checkbox"/> Outreach Events<br>(festivals, fairs, etc.)   | <input type="checkbox"/> Teaching or Presenting<br>(community programs) | <input type="checkbox"/> General/Exhibit Development<br>(librarian, photographer, etc) |
| <input type="checkbox"/> Marketing<br>(flyers, newsletters, web, etc.) | <input type="checkbox"/> Critter Care                                   | <input type="checkbox"/> Other _____                                                   |

Have you previously volunteered at SNC? Yes / No  
If so, when and in what capacity?

\_\_\_\_\_

What prior volunteer experience do you have?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about SNC's volunteer program?

\_\_\_\_\_

What is your profession? (include place of work, if student include degree)

\_\_\_\_\_

Why do you want to volunteer with SNC?

\_\_\_\_\_

\_\_\_\_\_

**Are you interested in regular volunteer work (i.e. volunteering once a week, once a month, etc.)?**

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**Do you have any medical conditions that we should know about to ensure your safety while volunteering at SNC? If so, please explain.** (i.e., allergic to bee stings or certain medications, asthma, injuries, seizures)

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**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**References**

Please provide the names and phone numbers of two references. Include at least one work or school related reference.

1) \_\_\_\_\_  
Name Phone

Relationship to you (i.e., professor, employer, friend): \_\_\_\_\_

2) \_\_\_\_\_  
Name Phone

Relationship to you (i.e., professor, employer, friend): \_\_\_\_\_

As a Stokes Nature Center Volunteer, I agree to

- be prompt and reliable in reporting for scheduled work and training;
- notify SNC staff as soon as possible if I cannot attend a program that I have signed up to teach or cannot attend a scheduled work time;
- accept SNC's right to release any volunteer for unsatisfactory performance or poor attendance.

Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
(If under 18)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_