



Mill Woods Park
156 Prospect Street, Wethersfield, CT 06109
860-529-3075
www.ebwnaturecenter.org

VOLUNTEER APPLICATION

Thank you for your interest in helping people share and explore the natural world. Volunteers help care for animals and plants, support education programs, maintain a safe facility, and other important roles. Tell us about yourself so we may match your skills, interests, and availability with appropriate projects. Starred items are required. Feel free to contact us for more information.

Name _____ Birthdate ____ / ____ / ____

Address _____ Grade _____

City / State / Zip _____

Phone (h) _____ (w) _____ (c) _____

Email _____

Allergies, medications, medical conditions, etc. _____

Emergency Contact Person (must be parent if under 18) _____

Relationship to volunteer _____

Phone (h) _____ (w) _____ (c) _____

I grant permission for photographs to be taken and used for publicity: Yes No

Waiver

I acknowledge there are certain inherent risks in volunteering. Risks include but are not limited to animal or insect bite, exposure to allergens such as poison ivy, and exposure to germs. I understand these risks may be lessened by handling animals only when authorized, using proper safety equipment, and adhering to safety rules presented during training. I am confident I fully understand the risks involved in participating. I agree to assume the risk of injury which I and/or my child may encounter. I grant permission to seek emergency medical care on behalf of myself and/or child. I further agree not to hold the Friends of the Eleanor Buck Wolf Nature Center, Town of Wethersfield, or their agents liable for any injuries I and/or my child may encounter.

Signature (Parent if under 18): _____ Date: _____

(continued)

Office Use: Name _____ Age _____ Orientation Animal Handler First Aid Key Holder

Skills and experiences (e.g. volunteer and paid jobs): _____

Interests and hobbies: _____

Particular volunteer jobs or events of interest: _____

Availability or schedule preferences: _____

How did you hear about our Volunteer Program? (check all that apply)

- Flyer/newsletter Website Participated in program before
 Word of mouth Newspaper Other: _____

Are you a member of the Friends of the Eleanor Buck Wolf Nature Center?

- Yes No Not Sure

Office Use: Staff Comments _____
