

## 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: Jane Bodnar, [jcbodnar@scparcs.org](mailto:jcbodnar@scparcs.org), ext. 323



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