APPLICATION FOR VOLUNTEER SERVICE – Adults

Name:						
Address:						
City/State:	e: Zip Code:					
Phone: ()						
Email:		Birthdate:	/		_/	
I am available (check all that apply):	Weekdays	🗌 Weeke	□ Weekends □ Year round		ear round	
□Winter □Spring □Summer	□ Fall	Mornings	□Afte	ernoons	Evenings	
Emergency Contact Name:		Phone: (_)			
References:						
a) Name:	_Relationship:	F	Phone:()		
1) Previous volunteer experience:						
2) How many hours do you plan to dedicate to volunteering at the Environmental Education Center?						
3) What types of volunteer opportunities interest you? Please check all that apply:						
Canoe & Kayak AssistanceGarden Maintenance						
Special EventsIn		asive species remova	I			
Administrative Duties		Research projects				
Front Desk Host	Front Desk HostLive Animal Care					
4) Briefly explain why you want to volunteer at the Environmental Education Center:						

For more information or to return a completed form, please contact: Stephanie Owen, sowen@scparks.org, Ext. 5323



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