APPLICATION FOR VOLUNTEER SERVICE - Minors

Please be advised that you must be at least 14 years of age to volunteer.

Name:	
Address:	
City/State:	Zip Code:
Phone: ()	
Email:	Birthdate://
I am available (check all that apply):	☐ Weekdays ☐ Weekends ☐ Year round
□Winter □Spring □Summer	☐ Fall ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Emergency Contact Name:	Phone: ()
Reference (Non-Relative, EX. Neighbo	r, Coach, Teacher, Etc.):
a) Name:	Relationship:Phone:()
Is this a community service requirem	nent?
If yes, how many hours are	needed? Deadline for completion of hours:
3) What types of volunteer opportunitie	s interest you? Please check all that apply:
Canoe & Kayak Assista	anceGarden Maintenance
Special Events	Invasive species removal
Administrative Duties	Research projects
	Live Animal Care
Front Desk Host	

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



Somerset County Park Commission Environmental Education Center 190 Lord Stirling Road Basking Ridge, NJ 07920 908.722.1200 Ext. 5002 www.somersetcountyparks.org

