# Application for
# **Volunteer Service**

Audubon Society
OF WESTERN PENNSYLVANIA

Date submitted: _____

Name:                                                        Occupation:

Address:                                                     Telephone:

                                                             E-Mail:

| School | Name | Degree | Dates |
|---|---|---|---|
| High School | | | |
| College | | | |
| Graduate Study | | | |

Please list any previous work experience (place, dates of service, position held), and/or attach a resume:

How did you learn about volunteer opportunities with ASWP?

Which volunteer positions interest you (please number according to preference)?

___ Trail maintenance/ Building & Grounds        ___ Native Plant Center

___ Phone/Computer/Office Work                   ___ Seed Sale/Nature Store

___ Volunteer Naturalist                         ___ Buffalo Creek Area Environmental Monitoring

___ Buffalo Creek Area Stewardship Crew

Please describe any previous volunteer experience:

We often have unexpected needs for volunteer service.  To help us answer these needs, please list any skills, hobbies, special training, or interests that you may have (ex. foreign language, calligraphy, typing, drawing, theater, etc.):

Please list any medical restrictions, requirements, allergies, etc.:

In case of emergency, notify:

Name                                                    Relationship

Address                                                 Home Telephone

Work Address                                            Work Telephone

Please indicate when you are available:

☐ Year Round    ☐ Summer Season (June-August)    ☐ Fall (Sept-Dec.)    ☐ Spring (Jan-May)

| Times/Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| All Day   |        |         |           |          |        |          |        |
| AM        |        |         |           |          |        |          |        |
| PM        |        |         |           |          |        |          |        |

Are you available at least once a week?  (Please circle)          Yes          No

May we reproduce photos in which you appear in Audubon Society of Western PA promotional or educational materials? __ Yes  __No

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Applicant's Signature_____Date _____