



Volunteer
Application

1283 Almshouse Rd
Doylestown, PA 18901

www.BarnNatureCenter.org
BarnNatureCenter@gmail.com

~PLEASE PRINT CLEARLY~

Name: _____ Age: _____
Address _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work/Cell Phone: _____
E-mail Address: _____ Fax Number: _____

Work Status

Working **Not Working** **Retired**

Current employer or organization you retired from: _____
Job title and Responsibilities: _____
Supervisor Name and contact #: _____
May we contact this person as a reference? _____

Education

College Student **Graduated** **High School Student**

Name of school or college: _____
Degree: _____
Year in school/anticipated graduation year: _____

Special Skills/Experience (check all that apply and describe)

Animal Care (domestic pets or exotic wildlife): _____

Working with children/Education: _____

Public speaking: _____

Rock Climbing/Belay Certification: _____

Office/Clerical/Social Media/Customer Service: _____

Interests

Please check off any of our Programs/Activities that interest you:

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Guided Tours | <input type="checkbox"/> Birthday Parties |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Team Building | <input type="checkbox"/> Toddler Time |
| <input type="checkbox"/> Nature Explorer Workshops | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Outreach Presentations | <input type="checkbox"/> Night at the Barn | <input type="checkbox"/> Hiking |

Why do you want to Volunteer at the Barn Nature Center? _____

Availability

I can start on: _____ (date). I understand that the Barn Nature Center asks for a minimum of six months commitment and I agree to commit to more than six months. I can commit to _____ (time period). I will be no longer able to volunteer after _____ (date).

I am interested in coming in (select one):

____ days per week ____ days per month Other _____

Days available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available Morning Afternoon Evening

Comments: _____

Emergency Contact Information

Contact Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 Alternate Contact Name _____ Relationship _____
 Home Phone _____ Work Phone _____

Please list two references

1. Name _____ Relationship _____
 Home Phone _____ Work Phone _____
 2. Name _____ Relationship _____
 Home Phone _____ Work Phone _____

Volunteer Signature

I understand that as a volunteer I will not receive monetary compensation or benefits for my services. I give my consent to be photographed in volunteer activities and for the photographs to be used for the Barn Nature Center purposes.

Signature: _____ Date: _____

Parent or Guardian Signature (for volunteers 14-18 years old)

I have read and understand this application and give my child permission to volunteer at the Barn Nature Center. Further, I give my permission for the Barn Nature Center to administer first aid or to arrange for medical treatment should my child become injured while volunteering at the Nature Center. I give my consent for my child to be photographed in volunteer activities and for the photographs to be used for the Barn Nature Center purposes.

Signature: _____ Date: _____

~~~~~For Office Use Only~~~~~

|                      | Date |                          | Date |                      | Date |
|----------------------|------|--------------------------|------|----------------------|------|
| Application Received |      | Interview                |      | Orientation Attended |      |
| Copy to Director     |      | Child Abuse Clearance    |      | Started Date         |      |
| Copy to H.R.         |      | Background Check cleared |      | End Date             |      |