

Date\_\_\_\_\_

## ABNC Volunteer Enrollment Form

Name\_\_\_\_\_

last first middle

Address\_\_\_\_\_City\_\_\_\_\_Zip\_\_\_\_\_

Phone(home)\_\_\_\_\_ (work)\_\_\_\_\_ (cell)\_\_\_\_\_

Email\_\_\_\_\_

### SKILLS AND INTERESTS

Education Background\_\_\_\_\_

Occupation(Past or Present)\_\_\_\_\_Place of Employment\_\_\_\_\_

Retired  yes  no Does your company give grants to non-profit organizations?  yes  no

Have  a matching fund program?  yes  no

Hobbies, Interests, Skills\_\_\_\_\_

Do you speak a foreign language?\_\_\_\_\_If yes, which one(s)?\_\_\_\_\_

Previous Volunteer Experience\_\_\_\_\_

### IS THERE A PARTICULAR TYPE OF VOLUNTEERING THAT YOU ARE INTERESTED IN?

(check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Interacting with the public           | <input type="checkbox"/> Holding office or heading a committee               |
| <input type="checkbox"/> General administrative duties         | <input type="checkbox"/> Research or individual projects                     |
| <input type="checkbox"/> Representing ABNC at exhibits, fairs  | <input type="checkbox"/> Stewardship, Habitat management                     |
| <input type="checkbox"/> Teaching children                     | <input type="checkbox"/> Facilities, maintenance, and construction           |
| <input type="checkbox"/> Teaching adults                       | <input type="checkbox"/> Large Events (Fall Festival, Creepy Crawlers, etc.) |
| <input type="checkbox"/> Leading Hikes                         | <input type="checkbox"/> Animal Care   |
| <input type="checkbox"/> Gardening                             | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Outdoor Recreation (lead canoe trips) | <input type="checkbox"/>   |

### CHECK ALL GROUPS YOU ARE WILLING TO WORK WITH

Adults  Seniors  Teens  Elem. Children  Girl Scouts  Boy Scouts

Handi-  capped  Males  Fe-  males  Pre-schoolers

### SPECIAL NEEDS

Days you are available, include times \_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_Th\_\_\_\_\_F\_\_\_\_\_Sa\_\_\_\_\_Su

How many hours a month do you intend to volunteer at ABNC (estimate) \_\_\_\_\_

How did you hear about us?\_\_\_\_\_

# EMERGENCY INFORMATION

PRINT NAME \_\_\_\_\_

Do you have any physical limitations that preclude you from performing any volunteer work for which you are trained or in which you might participate?

\_\_\_\_\_yes      \_\_\_\_\_no      If yes, please describe:

\_\_\_\_\_

What can be done to accommodate your limitation?

\_\_\_\_\_

Do you have any physical conditions or allergies you feel we should know about? \_\_\_\_\_yes      \_\_\_\_\_no

\_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

Name

Address

Phone

DOCTOR PREFERENCE: \_\_\_\_\_

Name

Phone

HOSPITAL PREFERENCE: \_\_\_\_\_

Name

Phone

