

FERNWOOD VOLUNTEER APPLICATION
All applications are subject to a criminal background check

Name _____
Last First Middle Initial

Address _____

_____ City State Zip

Phone Number _____ Home Cell

E-mail Address _____

Birth Date ____ / ____ Month / Day

have you ever been convicted of a felony? ____ Yes ____ No

Emergency Contact

_____ Name Relationship Phone

Doctor's Name & Phone Number _____

Do you have any physical or mental conditions that would possibly hinder your performance as a volunteer?

Special Training and / or Skills

I would like to volunteer in the following areas:

Railway Garden Nature Center Reception Data Entry
 Special Events Administrative _____ Trail Maintenance
 Plant Sales Plant Sale Fund Development Marketing
 Gardening Grant Writing _____

Time Available: _____ Morning _____ Afternoon _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
 _____ Spring _____ Summer _____ Fall _____ Winter _____ Sat. _____ Sun.

Please list two references.

Name	Address	Phone
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Name	Address	Phone
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Volunteer Signature _____ Date _____

Parental signature release if volunteer is under the age of 16, I hereby give my permission for
 _____ to volunteer at Fernwood.

Parent / Guardian Signature _____ Date _____