



VOLUNTEER APPLICATION

Name _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Contact in case of Emergency: _____ Relationship: _____

EDUCATION:

School Attended: _____ # Years Attended: _____

College: _____ Course of Study: _____ #Years Attended: _____

Other: _____

Current Employer: _____ Position: _____

Please list work/volunteer experience: _____

Please list any relevant hobbies, skills, club affiliations, special interests or talents: _____

Please complete the following (two sentences each)

Why do you wish to volunteer at Allison Woods OLC?

What do you expect to gain from the experience of volunteering at Allison Woods OLC?

Check volunteer activities in which you may have an interest:

___ Office Assistant ___ Special Event Assistant ___ Program Demonstrator ___ Program Assistant

___ Exhibit Setup ___ Visitor Service Assistant ___ Animal Care Assistant ___ Grounds Assistant

Unisex T-Shirt Size (S, M, L, XL) _____

Please provide three references:

| <u>Name</u> | <u>Occupation/Relation to Applicant</u> | <u>Email or Phone Contact</u> |
|-------------|---|-------------------------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

Other than a minor traffic offense, have you ever been convicted of a crime or released from prison in the last seven years?

Yes No If yes, explain in full: _____

Medical conditions we should be aware of (allergies to bee stings, etc.) _____

What times are you available for volunteering? (check all that apply)

Weekdays Weekends AM PM

Are you willing to commit to at least eight hours per month in volunteer hours at Allison Woods OLC? Yes No

Are you bi-lingual? Yes No

I agree that, as an Allison Woods OLC volunteer, I will represent the Outdoor Learning Center in a positive and honest manner, and follow Allison Woods OLC policies and procedures to the best of my ability. I hereby declare that the information -provided by me in this volunteer application is true, correct and complete to the best of my knowledge. I authorize Allison Woods Outdoor Learning Center, Inc. to verify any of the information provided by contacting former employers, educational and training institutions and other appropriate sources. I release sources from any liability or damages on account of furnishing information regarding my personal character, habits, performance or disciplinary records.

Applicant Signature: (Parent if Applicant Under the Age of 18) _____

Date: _____

Please return completed application to:

Allison Woods Outdoor Learning Center, Inc. c/o Selena Goodin, 248 Allison's Woods Drive, Statesville, NC 28625

704-873-5976 Gracie11288@msn.com