



Tenaflv Nature Center

313 Hudson Avenue, Tenaflv, NJ 07670 * (201) 568- 6093 * Fax (201) 569-2266
www.tenaflvnaturecenter.org * info@tenaflvnaturecenter.org

VOLUNTEER APPLICATION

When you become a Tenaflv Nature Center volunteer, the staff depends on you and you become a very important part of the team. We try to match your interest with our needs, which varies from season to season. Please give us ample notice if you will not be able to fulfill your commitment. For complete descriptions of our available volunteering positions please refer to our website.

Today's Date: _____

Adult Teen Grade:_____ Group Name of Group:_____

(Please Print Clearly)
Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

E-mail: _____

Please list any special skills or talents you can offer:

Please let us know the **times, days and months you will be available**. Please be specific:

Please list **interests, hobbies, activities you enjoy**.

Have you volunteered anywhere else before: Yes___ No___ If so, where? _____

Please list 2 references, professional or school related (not friends or family members)

1. Name: _____

Phone #: _____

2. Name: _____

Phone #: _____

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Is this required community service? No ____ Yes ____ If yes, how many hours? _____

Completion Date: _____

Do you have (if yes, please specify):

Special health conditions? _____

Allergies? _____

Physical restrictions/limitations? _____

Special dietary needs? _____

Are you currently on medication? _____

Do you presently, or have you ever, had problems with drug or alcohol use? _____

Have you ever been convicted of illegal substance distribution? _____

Have you ever been convicted of child abuse or neglect? _____

Have you ever been convicted of a felony? _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

Name: _____ Relationship: _____

Daytime Phone #: (____) _____ Evening Phone #: (____) _____

I understand and agree that every effort will be made to notify my emergency contacts. In the event that they cannot be reached, I hereby give permission to the physician and/or hospital selected by the Tenafly Nature Center staff to hospitalize and/or secure treatment for myself. I consent to emergency transportation, if necessary.

I agree that all of the information submitted on this application is accurate to the best of my knowledge.

Signature

Date

Parent/Legal Guardian Signature

Date

When we receive and review your application, we will contact you to discuss any volunteer opportunities and scheduling. Thank you for applying.

For Office Use Only:

Rec'd: _____

LM: _____

Notes: _____
