



Tenafly Nature Center

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

YOUTH VOLUNTEER APPLICATION

Confidential

For Tenafly Nature Centers' Use Only

(Please Print Clearly)

Today's Date: _____

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

Have you volunteered at TNC before? Yes No If so, where? _____

Education (Check highest or current level):

Elementary School Middle School High School Current grade? _____

Is this required community service? No Yes If Yes: How Many Hours? _____

Completion Date: _____ *A minimum 40-hour commitment is required by TNC.*

Transportation: My own car Parents Other

If you are 13 years or younger you must have an adult/parent to work with

Adult Name: _____ Relationship: _____

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

Please select times when you will be available:

| Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 9 - 1 | <input type="checkbox"/> 9 - 1 | <input type="checkbox"/> 9 - 1 | <input type="checkbox"/> 9 - 1 | <input type="checkbox"/> 9 - 1 | <input type="checkbox"/> 9 - 1 |
| <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 1 - 5 |
| | | <input type="checkbox"/> 5 - 9 | <input type="checkbox"/> 5 - 9 | <input type="checkbox"/> 5 - 9 | <input type="checkbox"/> 5 - 9 |

Other: _____

When you become a Tenafly Nature Center volunteer, the staff depends on you and needs you to give ample notice if you will not be able to fulfill your commitment. You become a very important part of the team. More frequent volunteering makes you more effective and feel more comfortable.

For complete descriptions of our available volunteering positions please refer to our website or pick up a copy during business hours, at the Redfield Building.

The following is a list of our volunteer positions. Check the ones of greatest interest.

- Animal Care
- Annual Public Programs (ex. Nature Day, Haunted Forest, Maple Sugaring)
- Articles
- Clerical
- Display
- Gardeners
- Invasive plant removal
- Library
- Newspaper PR Hunt
- Pond Maintenance
- Press Releases/Publicity
- Public Programs/Walks
 - Art
 - Backpacking/Hiking
 - Birds
 - Gardening
 - Geology
 - Mammals
 - Nature Photography
 - Pond Life
 - Reptiles & Amphibians
 - Weather
 - Wild Edibles
 - Wildflower's
 - Other (Please specify): _____

Seasonal Opportunities: (Write the date of each seasonal program you wish to volunteer)

- Teaching Aide
- Trail Maintenance
- Volunteer Coordinator

Please list and interests, hobbies, and activities which you enjoy: _____

Please list any special skills or talents you would be willing to share: _____

The following questions may seem offensive, but are necessary due to today's liability concerns.

- Do you presently, or have you ever, had problems with drug or alcohol use? Yes ___ No ___
- Have you ever been convicted of illegal substance distribution? Yes ___ No ___
- Have you ever been convicted of child abuse or neglect? Yes ___ No ___
- Have you ever been convicted of a felony? Yes ___ No ___

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

Volunteer's Signature

Date

VOLUNTEER HEALTH/CONSENT FORM

(Please Print Clearly)

Today's Date: _____

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

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

IF ABOVE IS UNAVAILABLE, NOTIFY:

Name: _____ Relationship: _____

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

Do you have (if yes, please specify):

Special health conditions? _____

Allergies? _____

Physical restrictions/limitations? _____

Special dietary needs? _____

Are you currently on medication? No Yes , please specify: _____

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

Parent/Legal Guardian Signature

Date

After completing ALL 3 PAGES of this application, contact the Tenafly Nature Center staff to schedule an interview to discuss possible volunteer opportunities and scheduling. Contact TNC at 201-568-6093 or email us at info@tenaflynaturecenter.org.