Sawgrass Nature Center & Wildlife Hospital

VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for the Sawgrass Nature Center & Wildlife Hospital. Your willingness to donate your time and skills are greatly appreciated. Please complete this form and mail or bring to the**: Sawgrass Nature Center ~ 3000 Sportsplex Drive Coral Springs, FL. 33065**

For additional information contact us at: (954) 752-WILD Sawgrassnaturecenter.org

Date: _____

Name: _____DOB (month) ___ (Day)_____

Address: _____

City: _____ State: _____Zip: _____

Home Phone: (___) _____ Work Phone (___) _____

Mobile Phone (___) _____ E Mail _____

Best Tel. # to reach you: ( ) _____AM ---- or PM __

Employer: _____ Occupation _____

Special Skills: _____

Other Volunteer Activities: _____

Days & Hours you are available to work:

_____

Educational Experiences (circle one) High School 1 2 3 4 College 1 2 3 4

Other (specify) _____

Age (if under 18)_____ Have you ever been convicted of a crime? _____

If yes, please explain: _____

Have you ever been convicted of sexual misconduct? _____

How did you learn about the SNC Volunteer Program ?_____

Do you have any pet? (what kind) _____

Have you ever worked with animals before? (If yes, please describe activities)

Emergency Contact Name: _____ Tel. #_____

Do you have any allergies or special health conditions? _____

Please check the specific type of volunteer work you are interested in at this time…

____ Animal Care	**____ Building Committee (cages, etc)**
____Docent Program (tour guides)	**____ Educational Programs**
____ Fundraising	**____ Gardening/ Landscaping**
____Gift Shop/ Outdoor Fairs	**____ Grant Writing/Solicitations**
____Handyman (plumber, electric, etc)	**____ Newsletter (Communications)**
____Office Work (Computer, phone)	**____ Orphan Baby Care**
____Rescues & Releases	**____ Special Events**
____Food Prep	**____ Wish List (solicit donations of items)**
____Other (please explain	**____ Canister Program**

I agree to abide by all SNC rules and regulations and I give my permission to the SNC to conduct a background search on me. I understand that volunteering at the SNC may be dangerous at times and I agree that I will not hold the SNC (its employees or officers) liable for any accident or injuries that I sustain during my service as a volunteer. I also state that all information that I have given is correct to the best of my knowledge.

_____ _____

Print Name **Signature**

Please enclose $25. 00 for SNC Membership/Volunteer Fee*

*****(this will include 1 year membership, T-shirt, & Name Badge (non-refundable)**

T-shirt size (please circle one) Sm., Med, Large, X-lg, XX lg