

Sawgrass Nature Center & Wildlife Hospital

ADULT 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 www.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: _____

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(s)? (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...

- | | |
|--|---|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Building Committee (cages, etc) |
| <input type="checkbox"/> Canister Program | <input type="checkbox"/> Educational Programs (on/off site) |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening/ Landscaping |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Grant Writing/Administration |
| <input type="checkbox"/> Handyman (plumber, electric, etc) | <input type="checkbox"/> Cleaning Crew |
| <input type="checkbox"/> Office Work (Computer, phone) | <input type="checkbox"/> Orphan Baby Care |
| <input type="checkbox"/> Rescues & Releases (transports) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Graphic/web design | <input type="checkbox"/> Wish List (solicit donations) |

Other (please explain) _____

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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 (it's 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**