

SAWGRASS NATURE CENTER & WILDLIFE HOSPITAL

JR. VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for the Sawgrass Nature Center & Wildlife Hospital. Your willingness to donate your time & skills are greatly appreciated. One of our youth coordinators will contact you upon completion of this form - **Thank You!**

Please complete this form and mail or bring to the:

SAWGRASS NATURE CENTER, 3000 SPORTSPLEX DRIVE, CORAL SPRINGS, FL. 33065

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE # _____ CELL # _____ E MAIL _____

BEST TEL. # TO REACH YOU: () _____

DATE OF BIRTH: _____ AGE _____

SCHOOL _____ GRADE _____

SPECIAL INTERESTS & TALENTS:

DO YOU HAVE ANY PETS ? _____ IF SO, WHAT KIND? _____

HAVE YOU EVER WORKED WITH ANIMALS BEFORE? _____
WHERE? _____

HOW DID YOU LEARN ABOUT THE SNC VOL. PROGRAM ? _____

DO YOU HAVE ANY ALLERGIES OR HEALTH CONDITIONS ?

ARE YOU TAKING ANY SPECIAL MEDICATION? _____

IN CASE OF EMERGENCY PLEASE CALL _____
TEL. #'S _____

PLEASE CHECK THE SPECIFIC KIND OF VOLUNTEER WORK YOU ARE INTERESTED IN:

- | | |
|--|---|
| <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"/> Gardening/ Landscaping | <input type="checkbox"/> Graphic/web design |
| <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"/> Special Events |

Other (please explain) _____

I, _____ **GIVE MY PERMISSION FOR MY**
Print Name

(SON/DAUGHTER) _____ **To become a**
volunteer for the SAWGRASS NATURE CENTER & WILDLIFE HOSPITAL. 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 sustained during their service as a volunteer.

Parent/guardian signature

Date