HAWAI'I NATURE CENTER
Connecting children and families to nature

VOLUNTEER APPLICATION FORM

_____ _____

Last Name **First Name**

_____

Home Address City State Zip Code

_____ _____ _____ _____

Home Phone Work Phone Cell Phone Birth Date (optional)

Email _____

CONTACT IN CASE OF EMERGENCY:

_____

Name Relationship Home Phone Work Phone

_____

Family Physician Phone Number Medical Carrier

_____

Limitations related to health (allergies, physical ailments, etc.)

PREVIOUS WORK AND/OR VOLUNTEER EXPERIENCE:

_____

_____

REASON(S) FOR VOLUNTEERING AT HAWAI'I NATURE CENTER:

_____

_____

AVAILABILITY: _____ **Weekly** _____ **Bi-monthly** _____ **Monthly** _____ **On Occasion**

Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
_____am	_____am	_____am	_____am	_____am	_____am	_____am
_____pm	_____pm	_____pm	_____pm	_____pm	_____pm	_____pm

VOLUNTEER OPPORTUNITIES (check areas of interest):

_____ Teaching Docent _____ Nature Adventure Camp _____ Community Outreach
_____ Office Assistant _____ Facilities Maintenance _____ Gardening/Landscaping

PERSONAL OR PROFESSIONAL REFERENCES (excluding relatives):

1. _____

   Name Relationship

   _____

   Address/City/State/Zip Code; or email address Phone

2. _____

   Name Relationship

   _____

   Address/City/State/Zip Code; or email address Phone

The Hawai'i Nature Center has permission to take my picture during my volunteer time here and use these photographs for public relations purposes. _____ Yes _____ No _____ Initials

I agree to hold harmless the Hawai'i Nature Center for any negligence on their part and/or for any injuries or property damage associated with my work with the Hawai'i Nature Center. I waive my right and any person on my behalf, to seek damages against the Hawai'i Nature Center which may arise out of my volunteer service.

Signature_____ **Date**_____