

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: _____

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...

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Building Committee (cages, etc) |
| <input type="checkbox"/> Canister Program | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening/ Landscaping |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Grant Writing/Administration |
| <input type="checkbox"/> Handyman (plumber, electric, etc) | <input type="checkbox"/> Newsletter (Communications) |
| <input type="checkbox"/> Office Work (Computer, phone) | <input type="checkbox"/> Orphan Baby Care |
| <input type="checkbox"/> Rescues & Releases | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> WEB design | <input type="checkbox"/> Wish List (solicit donations) |
| <input type="checkbox"/> Other (please explain) _____ | |

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