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

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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 ? _____ 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 CIRCLE the specific type of volunteer work you are interested in at this time…
ANIMAL CARE GARDENING/LANDSCAPE OFFICE WORK EDUCATIONAL PROGRAMS
SPECIAL EVENTS CONSTRUCTION (BUILDING CAGES, ETC) GENERAL MAINTENANCE
OTHER: (PLEASE EXPLAIN)_____

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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.

_____***P***
arent or gardians signature ***Date***