

## 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. **Adult Volunteers are required to pay a \$25 fee.**

With this commitment, you will receive a one-year membership, a t-shirt (our uniform), and a name badge.

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](http://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? \_\_\_\_\_

Do you have any pet(s)? (What kind) \_\_\_\_\_

Have you ever worked with animals before? (If yes, please describe activities) \_\_\_\_\_

How did you learn about the SNC Volunteer Program? \_\_\_\_\_

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 (transport)    | <input type="checkbox"/> Special Events                     |
| <input type="checkbox"/> Graphic/web design                | <input type="checkbox"/> Wish List (solicit donations)      |

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