

# 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. - **Thank You!** Once the completed application has been faxed, emailed, mailed, or brought to the center, **you must contact the volunteer coordinator to determine if an orientation is necessary for your interested position.** Orientation is held on the 2nd Wednesday & 4th Saturday of every month at 1pm. Contact [volunteers@sawgrassnaturecenter.org](mailto:volunteers@sawgrassnaturecenter.org) with any questions

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 # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BEST TEL. # TO REACH YOU: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SPECIAL INTERESTS & TALENTS: \_\_\_\_\_

DO YOU HAVE ANY PETS? \_\_\_\_\_ IF SO, WHAT KIND(S)? \_\_\_\_\_

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:**

\_\_\_\_ Canister Program

\_\_\_\_ Gardening/ Landscaping

\_\_\_\_ Docent/Greeter

\_\_\_\_ Administration Assistant

\_\_\_\_ Special Events

\_\_\_\_ Outreach booths (off-site)

\_\_\_\_ Educational Programs (on-site)

\_\_\_\_ Graphic/web design

\_\_\_\_ Cleaning Crew

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

The following are Adult Volunteers on file that may accompany my child to volunteer at the SNC:

\_\_\_\_\_