

## 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 \$30 fee.**

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

Once you send in your application (fax, email, mail, drop off), the Volunteer Coordinator will contact you for orientation. Contact [volunteers@sawgrassnaturecenter.org](mailto:volunteers@sawgrassnaturecenter.org) for further questions.

Please complete this form (legibly):

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB (Mth)\_\_\_\_ (Day)\_\_\_\_ (Yr)\_\_\_\_  
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) \_\_\_\_\_  
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 (transports)	<input type="checkbox"/> Special Events
<input type="checkbox"/> Graphic/web design	<input type="checkbox"/> Wish List (solicit donations)

#### **AVAILABILITY:** \_\_\_\_\_

*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 agree to receive occasional email notifications regarding SNC events, volunteer information, newsletters, and topics pertaining only to the SNC (your email will NOT be given to third parties). 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