

**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. Once you send in your application (fax, email, mail, drop off), the Volunteer Coordinator will contact you for orientation. Contact volunteers@sawgrassnaturecenter.org for further questions. *Thank You!*

Please complete this form (legibly):

SAWGRASS NATURE CENTER, 3000 SPORTSPLEX DRIVE, CORAL SPRINGS, FL. 33065

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? _____ IF SO, 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 CHECK THE SPECIFIC KIND OF VOLUNTEER WORK YOU ARE INTERESTED IN:

___ Canister Program _____ Educational Programs (on/off site)

___ Gardening/ Landscaping _____ Graphic/web design

___ Docent/Greeter/Tours _____ Special Events

___ Office Work (Computer, phone) _____ Cleaning Crew

Other (please explain) _____

AVAILABILITY: _____

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 who may accompany my child to volunteer at the SNC:
