Date Received:	
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## **VOLUNTEER APPLICATION**

City: State: Zip: Drivers Lic.	Name:				Phone:		
E-mail: Drivers Lic.  Education  Highest level of education: high school college graduate school  Major courses: Degree(s) received: Vocational or special training:  Previous Experience/Skills  Work experience:	Address:				Wk Phone:		
E-mail: Drivers Lic.  Education  Highest level of education: high school college graduate school  Major courses: Degree(s) received: Vocational or special training:  Previous Experience/Skills  Work experience:	City:	<u> </u>			Zip:		
Highest level of education: high school college graduate school  Major courses: Degree(s) received: Vocational or special training:  Previous Experience/Skills Work experience:	E-mail:				Drivers Lic.		
Major courses: Degree(s) received: Vocational or special training:  Previous Experience/Skills  Work experience:	Education						
Degree(s) received: Vocational or special training:  Previous Experience/Skills  Work experience:		Highest lev	el of education:	high school	college	graduate school	
Degree(s) received: Vocational or special training:  Previous Experience/Skills  Work experience:		Major cours	ses:				
Previous Experience/Skills Work experience:		Degree(s) receiv	ed:				
Work experience:	Vocationa	il or special traini	ng:				
Work experience:							
Work experience:							
Work experience:	Duardana	Europianos/C	l.:U.a				
	Previous	Experience/S	KIIIS				
Volunteer experience:	Woı	rk experience:					
Volunteer experience:							
Volunteer experience:							
Volunteer experience:							
Volunteer experience:							
Volunteer experience:	<b>.</b>						
	Voluntee	er experience:					
Special skills, interests, hobbies:	Special ski	lls, interests, hob	bies:				

## Availability (estimate only)

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How much ti	me can you	ı give?	Weekly		Monthly		
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Type of Volunteer Work Desired (check all that apply)							

Advisory Committee	Equestrian Center (General Volunteering)
Campground Host	Equestrian Center Therapy, At-Risk
	Programs
Clean-ups e.g. Roadsides and Parks	Forestry, Natural Resources
Clean-ups e.g. Streams, Rivers and Lakes	Fundraising (Great Outdoors Fund)
Construction Projects	Special Events e.g. Prairie Festival
Environmental Education (Programming)	Office Duties
Corps of Recovery	
Park Steward, Co-Steward	Nest Box Monitor Steward
Adopt-a-Park	
Trail Ambassador	
Printed Name	
D	ate:
Signature (Parent if Minor)	
References: Please list name and phone number of	of two personal references
Name	Name
Address	Address
Phone	Phone
How did you learn about PCC's volunteer program	?

(For Staff Only)				
Interviewed by:	Date:			
Comments:				
Volunteer Termination: Staff Signature:	Date:			