

## Volunteer Application

All information in this document is confidential. Please print.

Today's Date \_\_\_\_\_

Thank you for your interest in volunteering at Shipley Nature Center. We appreciate your interest and support of our mission. Friends of Shipley Nature Center is a non-profit organization formed to manage the nature center as an ecological sanctuary for California native plants and wildlife and to provide environmental education in an urban setting in partnership with the City of Huntington Beach and the local community, with the wider world.

Please provide your Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

What is the best time for us to contact you? \_\_\_\_\_

What days and times would you prefer to volunteer? \_\_\_\_\_

In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please check the Volunteer Service Activities that interest you.**

- |  |   |
|--|---|
| <input type="checkbox"/> Docent – interpret for group tours (training provided)<br><input type="checkbox"/> Host – greet visitors, assist office administrator.<br><input type="checkbox"/> Habitat – weeding, raking, planting, pruning, hauling.<br><input type="checkbox"/> Native Plant Nursery – propagation, seedlings, retail.<br><input type="checkbox"/> Facilities – repair, security & maintenance. | <input type="checkbox"/> Interpretative Exhibits – design, maintain.<br><input type="checkbox"/> Website – design, content writing, photos.<br><input type="checkbox"/> Fundraising, grant writing.<br><input type="checkbox"/> Other: _____<br>_____ |
|--|---|

Do you have any physical limitations? \_\_\_\_\_

Do you have any special interests or skills? \_\_\_\_\_

How experienced are you with California native plants?  Beginner  Intermediate  Advanced

Are you age 17 or younger?  Yes or  No. If yes, parental consent and signature is required.

**PARENTAL CONSENT (to be completed if applicant is under 18 years of age)**

I give my consent for my child, named on this application, to provide volunteer services to FSNC. I also give FSNC my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian	_____	Date _____
Printed Name of Parent/Guardian	_____	

Comments: