

# Friends of Shipley Nature Center

17851 Goldenwest Street, Huntington Beach CA 92647 714-842-4772 <http://www.shipleynature.org/>

## Volunteer Application

All information in this document is confidential.

This is a fillable form which you may fill in, save and then email to [info@shipleynature.org](mailto:info@shipleynature.org).

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 \_\_\_\_\_

Volunteer opportunities are between the hours of 9:00 am and 1:00 pm on Monday thru Saturday.

Please check the volunteer service activities that interest you.

EDUCATION COMMITTEE	HABITAT COMMITTEE
<input type="checkbox"/> Docent – interpret for group tours and/or Saturday visitors (training provided)	<input type="checkbox"/> Habitat – weeding, raking, planting, pruning, hauling.
<input type="checkbox"/> Host – greet visitors, assist office administrator.	<input type="checkbox"/> Native Plant Nursery – propagation, seedlings, retail.
<input type="checkbox"/> Interpretative Exhibits – design, maintain.	<input type="checkbox"/> Facilities – repair, security and maintenance.

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.

Parent/Guardian Signature	_____	Date _____
Parent/Guardian Name	_____	

In case of emergency, please notify: Name \_\_\_\_\_ Phone \_\_\_\_\_

Comments: \_\_\_\_\_