



Volunteer Application Form

Today's Date _____

Name: _____ Birth date: _____

Address: _____ Contact Number: _____

Town/Zip: _____

E-Mail: _____

Emergency Contact Information:

Name _____ Contact Number _____

Relationship _____

Do you have any physical conditions that we should be aware of in case of a medical emergency? Yes: ____
No: ____ If YES – please describe: _____

Student: Yes: ____ No: ____ If yes, School attending: _____

Highest level of education completed: _____ Degree Earned: _____

Work Experience: _____

Current Employer: _____

Are you employed FT ____ PT ____ Retired: ____ Not employed: ____

Current Profession/Job Title: _____

Special Skills, training, certifications or interests you would like to share with us?

Have you volunteered before? Yes: ____ No: ____ If yes, which organizations: _____

Have you worked with children before? Yes: ____ No: ____ If yes, please describe below:

Have you ever been convicted of a crime other than minor traffic violations? Yes: ____ No: ____

If yes, please explain: _____

How did you learn about our volunteer opportunities?

What would you like to gain from your volunteer experience here? _____

Please mark the days and times you have available for volunteer work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Please mark volunteer opportunities you are interested in:

- Plant Nursery
- Outdoor maintenance including mowing, edging, weeding, mulching, managing overgrown shrubs, and maintaining bird feeders
- Research related tasks (seasonal)
- Outreach events
- Summer Bird Camp
- Special Events (XHX, Brew on the Bayou, Spring Fling)
- Administrative/Data Entry
- Workshop Leaders / Bird Walk Leaders
- Education
- Other _____

IMPORTANT:

Waiver: By signing or typing in my name below, I agree I am applying for a volunteer position with The Gulf Coast Bird Observatory. I understand I must attend an orientation and schedule a volunteer interview, and if invited to volunteer, I must make a solid effort to fulfill my commitments to GCBO and abide by all policies and guidelines set forth. I agree that my signature here also suffices as a release of liability.

Signature Date

Printed Name