



VOLUNTEER APPLICATION

Dr. / Mr. / Mrs. / Ms. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Date _____

Which of the following volunteer opportunities interest you? (Check all that apply.)

- Fishing Team Storm Team Trail Management Team Animal Care
- Floral Team Education Program Team Administrative Team Special Events
- ANC Public Weekend Team Welcome Desk Attendant Gift Shop Attendant

What is the best time for you to volunteer?

- Weekdays Weekends Any time

How many days per month do you anticipate you will be able to volunteer?

- 1-3 days per month 4-6 days per month More than 6 days per month

How long per day do you anticipate you will be able to work?

- Full day Half a day Few hours at a time

Do you have any training and/or experience in the areas such as Forestry, Wildlife Biology, Gardening/ Horticulture, Landscape Architecture, Classroom instruction, etc.?

We, the Alabama Wildlife Federation, would like to ensure parents, families, and the community that appropriate steps are taken to make certain that their children are safe. In order to provide this, employees and volunteers have passed a background check.

Are you willing to authorize a background check of yourself?

Yes No Age _____ Signature _____

Social Security # _____ Driver's License # _____

Fax back to the Alabama Wildlife Federation at 334-285-4959 or turn it in at the NaturePlex.

