



The Sibley Nature Center  
Volunteer Registration Form

Please type or print clearly

Name \_\_\_\_\_  
Last First MI Preferred Name

Address \_\_\_\_\_  
No. Street City State Zip

Occupation \_\_\_\_\_

Day Phone # ( ) - Evening Phone # ( ) -

E-Mail Address \_\_\_\_\_

I am under 18 \_\_\_\_\_ Birthday (Optional if under 18) \_\_\_\_\_

Education

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_

Degree(s) \_\_\_\_\_ Other \_\_\_\_\_

Volunteer and Employment History

Have you ever volunteered for the Sibley Nature Center? Yes \_\_\_\_\_ No \_\_\_\_\_

List and give a brief description of duties for three work/volunteer experiences:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Membership, Affiliations, & Clubs: \_\_\_\_\_

Times Available to Volunteer: \_\_\_\_\_

\_\_\_\_\_

**Special Skills:**

Check any skills that you are expert or proficient in and would like to share:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Organizing        | <input type="checkbox"/> Gardening/Horticulture | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Computer          | <input type="checkbox"/> Data Entry             | <input type="checkbox"/> First Aid   |
| <input type="checkbox"/> Talking to People | <input type="checkbox"/> Work with Children     | <input type="checkbox"/> Languages   |
| <input type="checkbox"/> Volunteer Coord.  | <input type="checkbox"/> Work with Animals      | <input type="checkbox"/> Crafts      |
| <input type="checkbox"/> Work with Animals |   |                                      |

**Special Training**

List any course work, training, or experience which may be applicable: (for example, teaching, EMT/First Aid, etc.)

\_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

Why are you interested in volunteering for the Sibley Nature? \_\_\_\_\_

\_\_\_\_\_

Is your volunteer work to be used towards credit or fulfillment of a community service or school requirement, i.e. scholarship, community enrichment, etc?  Yes  No

If yes, please describe: \_\_\_\_\_

**Medical**

Do you have any medical condition that would interfere with your ability to volunteer, i.e. heart condition, asthma, allergies, back problems? If so, please specify: \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**References**

Name	Address	Phone#	Relationship

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I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the intent of the Sibley Nature Center to provide equal opportunity to all volunteers, in all terms, privileges and conditions without regard to sex, age, religion, national origin, physical disability, or any other factor. Thank you for taking the time to fill out this application. Once received you will be contacted by the Volunteer Coordinator as soon as possible. We look forward to working with you and appreciate the generous offer of your time and skill

