

**NATURE'S NURSERY**  
**PROSPECTIVE VOLUNTEER APPLICATION**

Date Prepared:  
 \_\_\_\_\_

OFFICE USE ONLY					
Date	By	Date	By	Date	By
Received		Interviewed		Accepted	

Last Name	First Name	Age (if under 18)	Phone (home)	Phone (work)
Street Address		City	State	Zip
Birthday (month/day only)		Email Address		Cell Phone
Emergency contact name	Relationship	Phone (daytime)	Phone (evening)	
If under 18 years of age, signature of parent or guardian: _____				

Do you have your own transportation:    Yes     No

Date of Last Tetanus Shot: \_\_\_\_\_    Rabies Pre-Exposure Shots:    Yes     No   
 (required)

- Which general volunteer categories are you most interested in (check all appropriate):
- |  |                          |
|--|--------------------------|
|  | Office Use               |
| <input type="checkbox"/> baker (as needed; make baked goods for special events)                              | <input type="checkbox"/> |
| <input type="checkbox"/> data entry (year round; maintain records in database)                               | <input type="checkbox"/> |
| <input type="checkbox"/> * day keeper (1 day/wk; clean cages, feed, record keeping, enrichment)              | <input type="checkbox"/> |
| <input type="checkbox"/> diet prep (1day/wk; work in kitchen, make animal diets, stock supplies)             | <input type="checkbox"/> |
| <input type="checkbox"/> education (all year; transport, setup, animal handling, presentation)               | <input type="checkbox"/> |
| <input type="checkbox"/> facilities cleaning (1 day/month; deep clean/organize facility)                     | <input type="checkbox"/> |
| <input type="checkbox"/> fund raising (year round; coordinate/conduct specific programs)                     | <input type="checkbox"/> |
| <input type="checkbox"/> hot line (1 day/wk; answer phones/questions, maintain records)                      | <input type="checkbox"/> |
| <input type="checkbox"/> internship (multiple options available)   | <input type="checkbox"/> |
| <input type="checkbox"/> * maintenance/construction (year round; maintain cages, grounds & other facilities) | <input type="checkbox"/> |
| <input type="checkbox"/> nursery (1 day/wk; work on-site caring for baby animals of all species)             | <input type="checkbox"/> |
| <input type="checkbox"/> * transport/rescue (on-call; pick up animals and transport to the Center)           | <input type="checkbox"/> |

\* Persons considered for these categories must be able to fulfill the physical requirements

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What qualifications/skills/experience/education do you have that you would like to use in your volunteer work? \_\_\_\_\_  
\_\_\_\_\_

What are your objectives for working as a volunteer? \_\_\_\_\_  
\_\_\_\_\_

Have you done volunteer work before? Yes  No  If yes, please briefly describe your volunteer experience/duties: \_\_\_\_\_  
\_\_\_\_\_

List name and day phone # of two work/volunteer references: day night  
Name \_\_\_\_\_ Phone # \_\_\_\_\_    
Name \_\_\_\_\_ Phone # \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Which months would you be available?

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Which days of the week are you available?

Mon Tue Wed Thu Fri Sat Sun

What hours would you be available? \_\_\_\_\_

How did you find out about the volunteer program? \_\_\_\_\_  
\_\_\_\_\_

The information above is correct to the best of my knowledge. I understand that acceptance for a volunteer position is based on my skills, background, availability, references, and the availability of a position that I have indicated an interest in.

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

Thanks for indicating an interest in volunteering. After completing this form, please return it to:

Nature's Nursery

P O Box 2395

Whitehouse, Ohio 43571

Contact us at the center (419-877-0060) if you have any questions regarding the form or volunteering.

We will follow-up after we receive and review your form.