



1000 Islands Adult Volunteer Application

Please fill out the application completely and return it to the Director at 1000 Islands Environmental Center

Volunteer Information

Legal Name _____ Nickname _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Do you possess a valid WI Driver's License? ___Yes ___No

Any changes in the status of your driver's license must be reported to Nature Center staff.

Emergency Contact

Emergency Contact Name _____

Telephone _____ Relationship _____

Areas of Interest *(Please check all that apply)*

Gardening _____ Maintenance _____ Staffing Building _____ Special Events _____

Animal Care _____ Programming _____ Other _____

Availability

Please indicate below which hours you are generally available to volunteer. We will work with you to schedule your hours based on this availability.

Total hours desired per week: _____ -or- per month: _____

Days & Times Available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____

I hereby acknowledge that I have read the Adult Volunteer Policy and Procedures provided to me with this application. I understand and agree to follow the Policies and Procedures of the 1000 Islands Environmental Center and consent to a background check prior to beginning any volunteer services.

Volunteer Signature

Date

For Staff Use Only

Received _____ Forwarded _____ Approval _____ Notified Applicant _____