



CAYUGA NATURE CENTER

Volunteer Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Day Phone: _____

Date of Birth: ____/____/____ Evening Phone: _____

Best time to call me is: _____

Would you like to receive the monthly Volunteer e-Newsletter? Yes _____ No _____

Interests

Please take a few minutes to share with us your interests and skills. We would like to use your time efficiently while ensuring you enjoy your activities here at Cayuga Nature Center.

Please mark the following volunteer tasks according to how interesting they sound to you: [5→ I would really like to do this; 0→ not interested]

- ____ Helping with educational programs/events in the community
- ____ Giving tours or nature walks to Nature Center visitors or visiting groups of school kids
- ____ Leading programs/helping staff to teach programs to school groups
- ____ Working with animals/ feeding, handling, and cleaning cages
- ____ Hiking/ trail upkeep
- ____ Gardening, outdoor clean-up, mowing grass
- ____ Helping with camps/ summer, school breaks
- ____ Assisting in the education/Camps/Nature Center Operations offices (filing, sorting, computer work, data entry, organizing, helping with mailings)
- ____ Special events/Maple Festival, Butterfly Garden Opening, WinterFest
- ____ Marketing in a non-profit institution with an emphasis on the natural world
- ____ Evening help with facility Lodge and Nature Center rentals
- ____ Helping keep the lodge tidy

If you speak any languages other than English, what are they? _____

- Which do you enjoy** (circle): Short-term projects Long-term projects
- Working with children Detailed/ "fussy" work Filing/organizing Being outdoors
- Construction work Public Speaking Writing Working on the computer

Would you be available for physical labor (e.g. moving boxes, books, exhibits, trail upkeep & spring cleaning)? Yes No

Please list any other experience and/or skills you bring to us! _____

Which days would you like to volunteer? (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Would you prefer morning or afternoon? AM PM

Every week Every other week Monthly Occasional Special events Remote ?

How many hours per week would you like to volunteer? _____

Do you have computer experience? Yes No

If so, what programs are you proficient in? _____

Occupation

Please list your most recent job, and if a student, your school.

Company/School: _____ City: _____ State: _____

Title/Job Description/Major: _____

Relevant class work: _____

Previous Volunteer Experience?

Where? _____ When? _____

What did you do there? _____

How did you find out about and become interested in volunteering at the Cayuga Nature Center?

Would you agree to a background check if it was necessary to volunteer? Yes _____ No _____

Health and Emergency Information

Health Status:

Please list any preexisting conditions (i.e. diabetes, epilepsy, heart problems, etc.) that may affect your volunteer activities: _____

Please list any medications you are currently taking which medical personnel should be aware of:

Emergency Contacts

If under the age of 18, your first contact must be a custodial parent.

Name	Relationship to you	Phone
_____	_____	_____
_____	_____	_____

Other Emergency Contact Information

Name of Primary Care Physician: _____

Office Phone: _____

Name of Insurance Provider: _____

Office Phone: _____

Medical Facility Information

Because of the proximity, any medical emergencies will be treated by the Cayuga Medical Center, located at 101 Dates Drive, Ithaca, NY. If you would like to be treated at an *alternative facility*, please fill out the information below.

Name of facility: _____ Office Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Parent's Signature if under 18: _____

Please include parent's contact information if volunteer is under 18 of age.