Roaring Brook Nature Center

Volunteer Application Form

70 Gracey Road Canton, CT 06019 (860) 693-0263

Name:	Email:		
Address:			
City:	State:	Zip Code:	
Phone Number: () Birthday MM/DD/YY:			
Emergency Contact:		Relationship:	
Emergency Contact Telephone: ()	()	
What days and times are you available	?		
Monday □ 2:30-4:30 □ 3:00-5:00 □ 3:30-5:00			
Tuesday ☐ 2:30-4:30 ☐ 3:00-5:00 ☐ 3:30-5:00			
Wednesday □ 2:30-4:30 □ 3:00-5:00 □ 3:30-5:00			
Thursday □ 2:30-4:30 □ 3:00-5:00 □ 3:30-5:00			
Friday □ 2:30-4:30 □ 3:00-5:00 □ 3:3	0-5:00		
Saturday □ 9:30-11:30 □ 11:30-1:30 □	⊐ 1:30-3:30		
Sunday □ 9:30-11:30 □ 11:30-1:30 □ 1:30-3:30			
How long do you wish to volunteer for? ☐ one season ☐ one year ☐ indefinitely			
Why do you want to volunteer at the Nature Center?			
Do you have any abilities or skills you feel would be beneficial to the Nature Center?			

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Do you have any experience with animal care? Ple	ease explain.	
Do you have any physical or other limitations the types of volunteer work or that the staff should		
Any additional information, questions, or comm	nents?	
I agree that I will adhere and abide by the rules and regular Nature Center.	tions, policies and programs of Roaring Brook	
I fully understand that Roaring Brook Nature Center has the reason.	e right to refuse a volunteer application for any	
Roaring Brook Nature Center may also request that a volunteer leave the volunteer program at any time and for any reason that may be detrimental to the program or the animals.		
I understand that I am free to leave Roaring Brook Nature (reason, but acknowledge that giving advance notice is app		
Volunteer Signature:	Date:	
Parent Signature:	Date:	