

Roaring Brook Nature Center
70 Gracey Road
Canton, CT 06019
(860) 693-0263

STUDENT VOLUNTEER APPLICATION FORM

Students must be in Grade 8 or higher to volunteer

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

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 3:30-5:00

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?

Roaring Brook Nature Center
70 Gracey Road
Canton, CT 06019
(860) 693-0263

STUDENT VOLUNTEER APPLICATION FORM

Students must be in Grade 8 or higher to volunteer

Do you have any experience with animal care? Please explain.

Do you have any physical or other limitations that would prevent you from certain types of volunteer work or that the staff should be aware of?

Any additional information, questions, or comments?

I agree that I will adhere and abide by the rules and regulations, policies and programs of Roaring Brook Nature Center.

I fully understand that Roaring Brook Nature Center has the right to refuse a volunteer application for any reason.

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 Center's volunteer program at any time for any reason, but acknowledge that giving advance notice is appreciated and professional.

Volunteer Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____