Volunteer Application Form

Personal Information
Name: _______________________________________________________
First Middle Last
Address: _____________________________________________________
_____________________________________________________________
Phone
Home: _____________________ OK to call me here___
Work: _____________________ OK to call me here___
Mobile: _____________________ OK to call me here___
E-mail: ________________________________

Demographics
Date of birth: Month _______ Day _________ Year ________* optional

Education:
_____________________________________________________________

Employer
Please list your most recent employer, if applicable
Name: _____________________________________________________________
Responsibilities: _____________________________________________________
_____________________________________________________________

Availability
Week Days: ______________________________
Week Day Evenings: ______________________________
Weekend Days: ______________________________
Weekend Evenings: ______________________________
**Volunteer Preferences** – Check all that apply

<table>
<thead>
<tr>
<th>Gardening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Lands Management</td>
</tr>
<tr>
<td>Office/Computer Work</td>
</tr>
<tr>
<td>Assisting with Events</td>
</tr>
<tr>
<td>Greeting Visitors</td>
</tr>
<tr>
<td>Leading Tours</td>
</tr>
<tr>
<td>Assisting with Educational Programs</td>
</tr>
<tr>
<td>Writing/Graphic design</td>
</tr>
<tr>
<td>Photography</td>
</tr>
</tbody>
</table>

**Emergency Contact**

In the event of an emergency whom should we notify?

Name: _____________________________________________________________

Home phone: ______________________

Work phone: _______________________

Cell phone: ________________________

E-mail: ___________________________

Relationship: _____________________

Additional Information you would like to share with us: _____________________

___________________________________________________________________

By signing below, I attest that the information I have provided on the form is true and accurate.

Signature: ___________________________ Date: ______________________

If you have questions about any of the above, please contact Nancy A. Stoner at 814-867-4262/nas26@psu.edu.

Please mail your completed form to the following address:

Nancy A. Stoner
The Arboretum at Penn State
212 Forest Resources Building
University Park, PA 16802