



Audubon Naturalist Society

Student Volunteer Application

Today's Date:

Name (last, first, m.i.):

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

E-mail Address:

Birth Date (mo/day/year):

Current age:

School:

Grade:

Is anyone in your family an ANS member? If yes, for approximately how long?

How did you hear about the ANS Volunteer Program?

Are you volunteering to fulfill a community service requirement?

If yes, please explain:

How many hours are required?

What is the deadline?

School extra-curricular activities:

Hobbies, Special Skills and Interests:

Why do you want to volunteer at the Audubon Naturalist Society?

What volunteer opportunities at the Audubon Naturalist Society interest you most?

Volunteer Experience:

Work Experience:

What dates, days of the week, and times are you available to volunteer?

**Please note that opportunities on weekends and evenings are limited.*

How many hours are you interested in volunteering?

Do you have any limitations or disabilities which would affect the type of work you could do? If yes, please explain:

Are there any medical conditions and/or allergies (e.g., epilepsy, heart condition, asthma, allergies to drugs, insect bites, etc.) we should be aware of in case of an emergency?

Emergency Contact's name:

Phone:

Relationship of emergency contact to volunteer:

Reference Name:

Phone:

For parent or guardian

I give permission:

1. for my child to volunteer at the Audubon Naturalist Society (ANS).
2. to ANS to seek emergency medical care, if necessary, for my child.
3. to ANS to use any photographs of my child to promote the Society and its programs. I understand that no payment will be made for use of the photographs.

Signature of parent/guardian:

Date:

Print Name:

Relationship to volunteer:

**Return the completed form to: Liz Jones, Volunteer Coordinator
Audubon Naturalist Society, 8940 Jones Mill Road, Chevy Chase, MD 20815**

Questions? Contact Liz at 301-652-9188 x30 or E-mail: volunteer@AudubonNaturalist.org