

## Adult Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City,State/ZipCode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthday (m/d) \_\_\_\_\_

Are you comfortable with releasing your contact info to other volunteers in your work group?

Yes  No

How do you prefer to be contacted?:

Email  Phone  No Preference

I am interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Animal Care          | <input type="checkbox"/> Special Events             |
| <input type="checkbox"/> Greenhouse & Gardens | <input type="checkbox"/> Administrative Support     |
| <input type="checkbox"/> Trails & Grounds     | <input type="checkbox"/> Visitors Center/Front Desk |

I am generally available:

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Monday                   | <input type="checkbox"/> A.M. |
| <input type="checkbox"/> Tuesday                  | <input type="checkbox"/> P.M. |
| <input type="checkbox"/> Wednesday                |                               |
| <input type="checkbox"/> Thursday                 |                               |
| <input type="checkbox"/> Friday                   |                               |
| <input type="checkbox"/> Saturday                 |                               |
| <input type="checkbox"/> Special times, as needed |                               |

Why are you interested in volunteering at the Nature Center? \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Adult Volunteer Emergency Form

In the event of an emergency, the New Canaan Nature Center may need the following information:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies or medications emergency personnel should know:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Carrier** \_\_\_\_\_

**Account #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Name of Insured** \_\_\_\_\_

## **Adult Volunteer Emergency Release**

The health information provided on the Volunteer Emergency Form is complete and correct as far as I know.

In the event of an emergency, I give permission for the staff of the NCNC to administer first aid and/or obtain emergency medical treatment for me. I hereby give permission to the physician selected by the NCNC to hospitalize, secure proper treatment for, and/or order injection, anesthesia or surgery for the person named below. I understand that, if necessary, I will be transported by the New Canaan Ambulance Corps to Norwalk Hospital. I agree that any cost incurred for transportation and/or treatment will be my responsibility.

Name of Volunteer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Photo/Video/Media Release**

I give permission for my photograph/video/media to be taken while participating in volunteer activities and to be used in New Canaan Nature Center publications, advertising and promotions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

