

# Environmental Concern Inc.

## Volunteer Application

### Biographical Information:

Mr./Mrs./Ms./Dr. First: \_\_\_\_\_ MI \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: M F \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### If currently a student,:

School name: \_\_\_\_\_ Class year: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Information:

Contact Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

### Skills and Training:

Do you have a valid driver's license? Yes No

Do you have your own transportation? Yes No

Do you hold any licenses, certificates, or degrees in areas you think could benefit Environmental Concern? (Examples: horticulture, engineer, landscaper, carpenter, etc.)

\_\_\_\_\_

**Medical/Special Needs:**

Is there anything medically we should be aware of in order to ensure your safety?

\_\_\_\_\_

Are there other forms of assistance you will need in order to volunteer?

\_\_\_\_\_

**Special Interests and Hobbies:**

\_\_\_\_\_

**Availability:**

Date available to start volunteering \_\_\_\_\_

Days of the week, Time of day, Seasons:

Weekdays (Monday thru Friday): \_\_\_\_\_

Weekends (Saturday & Sunday): \_\_\_\_\_

Time of day (7:30 am – 6 pm) \_\_\_\_\_

Seasons: \_\_\_\_\_

**Volunteer Opportunities:**

Check one or more:

Computer (data entry, word processing)

Filing

Special Events

Mailings (bulk mailings, quarterly newsletters)

Office support (answering phones, taking messages)

Clean-up (indoors)

Clean-up (outside)

Restoration (planting projects)

Nursery work (all outdoor work; weeding, watering, potting of plants)

How did you find out about Environmental Concern?

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please send to: PO Box P, St. Michaels, MD 21663**