

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