



Date of Application: _____

Volunteer Application

Name: _____ Cell Phone: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Emergency Contact: _____ Phone: _____

Are you 18 of age or older? YES NO Age if under 18: _____
If no, please list parent or guardian's name: _____

Skills and Interests

Education Background: _____
Current Occupation: _____
Hobbies, Skills & Interests: _____

Previous Volunteer Experience: _____

Preferences in Volunteering

Is there a department or area of concentration with which you are particularly interested in working?

- Resident Animal Care
- Butterfly Program
- Housekeeping & Hospitality
- Gardening
- Special Events
- Wildlife Rehabilitation
- Environmental Education
- Maintenance/Trail Work
- Maple Sugaring

Availability

Please place a √ by all days and time blocks that you would be available to work.

Day	9 am- 1 pm	12 pm-5 pm	5 pm -9 pm
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

(Circle one)

Are you interested in a year round or seasonal position? **Year-round** **Seasonal**
If seasonal, what are your months of availability: _____

Are you able to commit to a weekly schedule with a regular shift time? **YES** **NO**
Please list any conflicts: _____

Do you have reliable transportation to and from the Center: **YES** **NO**
(in inclement weather, change of season, etc.)

Please explain any conflicts: _____

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If interested in **Animal Care**

Do you have previous experience working with animals under a trained individual?
(circle one) **YES** **NO**

Please explain any experience/involvement you have with animals & number of years:

What makes you interested in volunteering with the animals at Sharon Audubon?

Are there types of animals you would NOT wish to work with? _____

Are you seeking to complete apprenticeship hours at Sharon Audubon towards a
Wildlife Rehabilitation Permit? (circle one) **YES** **NO**

How did you hear about us?

Staff Member Other Organization Website Facebook Instagram
 Community Event Other: _____

Other

A background check is required for all volunteers over 18 years of age. Are you willing to
complete a background check? (circle one) **YES** **NO**

Is there anything else you would like us to know about you? _____

Signature of Volunteer: _____ Date: _____

Please complete and return to:

Sharon Audubon Center
325 Cornwall Bridge Road

Sharon, CT 06069 Phone: 860-364-0520 E-mail: Bethany.sheffer@audubon.org