

Croydon Creek Nature Center Volunteer Application

Please fill out as completely as possible. The information gathered is used to gain a better understanding of your interests and abilities and how you can fit within our team.

Full Name: _____

Preferred name: _____ Preferred Pronouns: _____

Contact phone number: _____ Email address: _____

Date of Birth: _____ If under 18, parental consent below must be filled out.

Please provide an emergency contact:

Name: _____ Phone number: _____

Have you volunteered with the City of Rockville before? If yes, please provide the name of your supervisor and the task you performed. _____

Education (only necessary if currently enrolled as a student):

	Name and City	Grade Level
<i>Middle School</i>		
<i>High School</i>		
<i>Other (Cyber, Homeschool, etc)</i>		

Is your volunteer work to be used toward credit or fulfillment of community service or school requirement? If so, please describe: _____

Do you have any previous volunteer experience with other organizations? If yes, please provide the name of the organization and your role.

Please list any special trainings below (i.e. Weed Warrior or Master Naturalist certified, CPR/AED/First Aid)

Availability/Interests:

What are you available to volunteer? Morning Afternoon Evening Weekend

Preferred days _____

Which volunteer position(s) are you applying for?

Animal Care Aide Environmental Educator Assistant Trail Guardian

Why are you interested in volunteering at Croydon Creek Nature Center?

Volunteer activities may require you to work outdoors, lift heavy objects or use hand tools. Are you aware of any condition or circumstance that would interfere with your ability to perform these activities? Yes No
If yes, please describe: _____

Agreement:

I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a rejection of this application. I understand that by volunteering my time I am performing a community service and must act in a safe and responsible manner.

Applicant Signature

Date

Parental consent for minors:

I understand that my minor child may not be supervised at all times and is responsible for acting in a safe and responsible manner.

Parent/Guardian Signature

Date

Required References:

Please have two adults that are unrelated to you email a short letter of reference to ccnc@rockvillemd.gov, Attention: Volunteer Coordinator. Letters of reference should outline:

- How the person knows you
- How long they have known you
- Speak to your character

Process:

After we receive your application and letters of reference, we will reach out with you via email to set up a short in-person meeting to discuss the position. After the meeting if you are still interested and we feel that you are good fit we will discuss next steps required for you joining our team.

Questions?

Please email ccnc@rockvillemd.gov, Attention: Volunteer Coordinator.