

□ Programs Committee

Volunteer Application

Tanglewood Nature Center & Museum 443 Coleman Avenue Elmira, NY 14903

Phone: (607) 732-6060 Fax: (607) 732-6210 Website: www.tanglewoodnaturecenter.com

IAN MARTIN -VOLUNTEER COORDINATOR

...to lead and support education and preservation efforts in our region to achieve a heightened awareness, understanding, enjoyment and caring for our natural environment.

Today's Date:		
Volunteer Type:		
□ Youth (under 18 please list age) □ A	dult (over 18)	□ Community Service □ College/Internship
Contact Information:		
Name:		rs. □ Ms. □ Miss Date of Birth:
Street address:	City:	State: Zip:
E-mail:		
Home Phone:		
Area of Interest - Check one or more of the fo	llowing areas:	(* indicates work appropriate for youth)
 □ Education & Program Assistant □ Adult Lecturer □ School Programs □ Ecology Workshops □ Ecology Workshop Councilor* □ Trail Guide □ General Programs (Scout/4-H/Com 		Receptionist/office Assistance Gift shop/front desk asst. Office (data entry/mailings)* Website/e-mail management*
 □ Building & Grounds Work □ Trail Maintenance* □ Building Maintenance* □ Garden & Landscape Assistance* □ Display/Signage Work* 		Special Events (Fundraising/Public Relations) □ Event Organizer □ Event Volunteer (parking, food, crafts, etc)* □ Booth Attendant -Info, Membership, or Sales Booths*
□ Committees □ Board of Directors □ Corporate Membership Committee □ Executive Committee □ Facility (building & Grounds) Comm □ Finance Committee □ Fundraising Committee □ Marketing Committee □ Membership Committee	_ F	Animal Care Technician Work Captive animal maintenance (feed, water)* Cage & Museum Cleaning* Animal Food & Material Errands Wild Bird Feeding* Research:

Dates and Time of Availa	<u>ıbility:</u> (as applies)			
Date Available to Start	Date	will Finish	Available Long Term	
Season: Fall :	Winter:	Spring:	Summer:	
NSERT HOURS AVAILA	ABLE:			
londay	_Tuesday	Wednesday	Thursday	
Friday	Saturday		Sunday	
		ence & education that you	think is relevant to the volunteer areas	of intere
that you marked on previous	,			
Who referred you to Tano	glewood?			
Emergency Information:				
Health Limitations/Allergi	es (optional):			
Emergency Contact Nam	ne:	Number(s):		
Name of Parent/Guardiar	n (if a minor):			
Signature Parent/Guardia	an (if a minor):		Date:	
Reference:				
Name:		Phone #		
Name:		Phone #		
Name:		Phone #		
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Date Approved:	By:	(Volunteer Coordinator)	
Rejected:	Reason:			
Area(s)/Duties assigned	to:			