



# CAYUGA NATURE CENTER

## Volunteer Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Evening Phone: \_\_\_\_\_

Best time to call me is: \_\_\_\_\_

Would you like to receive the monthly Volunteer e-Newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

### Interests

Please take a few minutes to share with us your interests and skills. We would like to use your time efficiently while ensuring you enjoy your activities here at Cayuga Nature Center.

Please mark the following volunteer tasks according to how interesting they sound to you:  
[5→ I would really like to do this; 0→ not interested]

- \_\_\_\_ Helping with educational programs/events in the community
- \_\_\_\_ Giving tours or nature walks to Nature Center visitors or visiting groups of school kids
- \_\_\_\_ Leading programs/helping staff to teach programs to school groups
- \_\_\_\_ Working with animals/ feeding, handling, and cleaning cages
- \_\_\_\_ Hiking/ trail upkeep
- \_\_\_\_ Gardening, outdoor clean-up, mowing grass
- \_\_\_\_ Helping with camps/ summer, school breaks
- \_\_\_\_ Assisting in the education/Camps/Nature Center Operations offices (filing, sorting, computer work, data entry, organizing, helping with mailings)
- \_\_\_\_ Special events/Maple Festival, Butterfly Garden Opening, WinterFest
- \_\_\_\_ Marketing in a non-profit institution with an emphasis on the natural world
- \_\_\_\_ Evening help with facility Lodge and Nature Center rentals
- \_\_\_\_ Helping keep the lodge tidy

If you speak any languages other than English, what are they? \_\_\_\_\_

**Which do you enjoy** (circle):      Short-term projects      Long-term projects

Working with children    Detailed/ "fussy" work    Filing/organizing    Being outdoors

Construction work    Public Speaking    Writing    Working on the computer

Updated: 1/17/13

1420 Taughannock Bld., Ithaca, New York 14850 P: 607.273.6260 F: 607.273.1719

Would you be available for physical labor (e.g. moving boxes, books, exhibits, trail upkeep & spring cleaning)? Yes No

Please list any other experience and/or skills you bring to us! \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Which days would you like to volunteer?** (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Would you prefer morning or afternoon? AM PM

Every week Every other week Monthly Occasional Special events Remote ?

How many hours per week would you like to volunteer? \_\_\_\_\_

Do you have computer experience? Yes No

If so, what programs are you proficient in? \_\_\_\_\_  
\_\_\_\_\_

**Occupation**

Please list your most recent job, and if a student, your school.

Company/School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Title/Job Description/Major: \_\_\_\_\_

Relevant class work: \_\_\_\_\_

**Previous Volunteer Experience?**

Where? \_\_\_\_\_ When? \_\_\_\_\_

What did you do there? \_\_\_\_\_

How did you find out about and become interested in volunteering at the Cayuga Nature Center?

\_\_\_\_\_

\_\_\_\_\_

Would you agree to a background check if it was necessary to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

# Health and Emergency Information

## Health Status:

Please list any preexisting conditions (i.e. diabetes, epilepsy, heart problems, etc.) that may affect your volunteer activities: \_\_\_\_\_

Please list any medications you are currently taking which medical personnel should be aware of:

\_\_\_\_\_

## Emergency Contacts

If under the age of 18, your first contact must be a custodial parent.

Name	Relationship to you	Phone
_____	_____	_____
_____	_____	_____

## Other Emergency Contact Information

Name of Primary Care Physician: \_\_\_\_\_

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

Name of Insurance Provider: \_\_\_\_\_

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

## Medical Facility Information

Because of the proximity, any medical emergencies will be treated by the Cayuga Medical Center, located at 101 Dates Drive, Ithaca, NY. If you would like to be treated at an *alternative facility*, please fill out the information below.

Name of facility: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature if under 18: \_\_\_\_\_

Please include parent's contact information if volunteer is under 18 of age.