

VOLUNTEER APPLICATION



P.O. Box 129  
Linville, NC 28646

<b>Name:</b>	<b>Email Address:</b>
<b>Local Address:</b>	<b>Permanent Address:</b>
<b>Local Telephone #:</b>	<b>Permanent Telephone #:</b>
<b>Earliest date available to work:</b>	<b>Latest date available:</b>
<b>Are you available to work weekends &amp; holidays?</b>	
<b>Company Name, if applicable:</b>	

**EDUCATION**

<b>High School Attended:</b>	
<b>College Attended/Attending:</b>	<b>Degree/Major:</b>
<b>Relevant Course Work, Special Projects:</b>	

**Briefly describe your background and interests that would benefit a volunteer at Grandfather Mountain:**

## ***Professional Background***

**Briefly describe your professional history or any noteworthy work related experiences, if applicable:**


**Please list your involvement with other community organizations. Include the organization's name, your level of involvement and any leadership positions held:**


## ***Volunteer Opportunities***

**Please check the areas you are interested in volunteering and what skills you are able to contribute:**

- |  |
|--|
| <input type="checkbox"/> Animal Ambassador (recommended 50 hour commitment)            |
| <input type="checkbox"/> Hospitality Host  |
| <input type="checkbox"/> Education Assistant (recommended 50 hour commitment)          |
| <input type="checkbox"/> Exhibit Interpreter(recommended 50 hour commitment)           |
| <input type="checkbox"/> Parking Services and Traffic Control                          |
| <input type="checkbox"/> Conservation and Stewardship (recommended 50 hour commitment) |
| <input type="checkbox"/> Group Volunteers (Single day or case by case basis)           |
| <input type="checkbox"/> Special Events  |

## ***Emergency Contact***

**Emergency contact name and relationship:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Do you have any allergies? YES NO

If yes, please describe severity: \_\_\_\_\_

Do you carry an "Epi-pen with you at all times? YES NO

Please inform us of medications you may need in an emergency situation (glucose, insulin,, nitroglycerin, etc.)

### Availability

Day(s) available to volunteer: MON TUES WED THURS FRI SAT SUN

Available times: \_\_\_\_\_

I certify that the information in this application is true and complete to the best of my knowledge. Volunteer opportunities are approved based on the completion of a criminal background check.

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

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