



Date_____

Volunteer Application Form

Last Name_____First Name_____

Address_____

City_____State_____Zip_____

Phone (home)_____Phone(cell)_____

Email_____

Birthday: Month_____Day_____Year_____ (under 18)

(Must be 15 to volunteer.)

Emergency Contact: Name_____Phone_____

What type of volunteer position(s) interests you? Here are some ideas, but there are many other opportunities awaiting you:

___ Center Information Desk
___ Librarian/Organizer
___ Office Assistant
___ Assist in Special Events

___ Aquarium
___ Lawn and Garden Work
___ Schooner maintenance
___ Data entry

(Answer on back or on a second page, please)

What do you wish to gain from your volunteer experience?

What work experiences have you had which you feel could be beneficial to SoundWaters?

What is your availability? _____ Depends on day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday <i>June-Sept.</i>
Morning						
Afternoon						

Parent's Signature (under 18)_____

PLEASE MAIL OR FAX TO SOUNDWATERS

Contact: Dianne Selditch, (203)406-3302, Dianne@soundwaters.org, fax-(203)967-8306